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ABSTRACT

The tenth annual Kids Count data book provides information on measures of child well-being for the state of Missouri, its 114 counties, and the city of St. Louis. This statistical portrait is based on trends in 10 indicators of child well-being: (1) enrollment in free/reduced lunch; (2) births to mothers without high school diplomas; (3) low birthweight; (4) infant mortality; (5) child deaths, ages 1 to 14; (6) child abuse and neglect; (7) out-of-home placements; (8) annual high school dropouts; (9) births to teens, ages 15 to 19; and (10) violent deaths, ages 15 to 19. Following an executive summary of findings, the state profile, and the state minority profile, the data book is organized by outcome measure. The data indicate that between the base and current years there were improvements in the following indicators: births to mothers without a high school diploma, infant mortality, child deaths, annual high school dropouts, births to teens, and teen violent deaths. Measures of students receiving free/reduced price lunch, low birthweight infants, and the number of children in out-of-home placements worsened. Child abuse and neglect data were difficult to interpret. For measures where data were available for minority children, the data suggested that although minority children face higher risks than nonminority peers, the gap is narrowing on outcome measures. Two special sections are included in the data book. The first highlights school readiness and notes that approximately 25 percent of Missouri's children are not ready to enter kindergarten. The second special section focuses on public investments in children, explaining the composition of the current state budget and how spending priorities are set, describing the impact of budget cuts, discussing proposals for raising state revenues, and asserting that the state needs to develop consensus about priorities and communicate those priorities to policymakers. The data book's appendix presents information on outcome measures and data sources. A CD-ROM included with the report contains

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PDF files of the report, plus additional appendices with indicator raw data and county ranks for 1998-2002. (Contains 111 endnotes.) (KB)

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# 2002 Data Book

## Special Focus: Public Investments in Children

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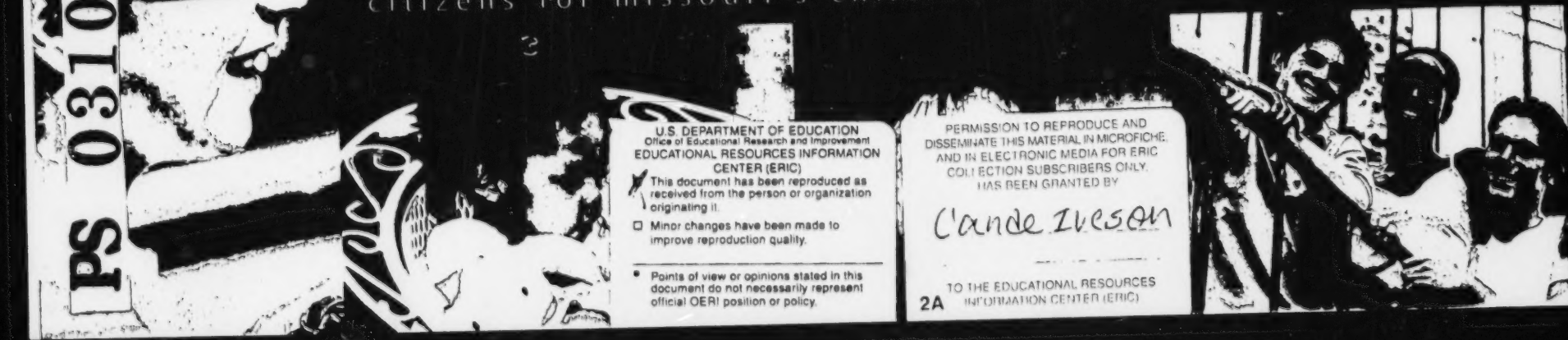

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# KIDS COUNT in Missouri 2002 Data Book

CITIZENS FOR MISSOURI'S CHILDREN • CHILDREN'S TRUST FUND

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*Additional Support from Emerson Electric*

January 2003

# Partners

## KIDS COUNT in Missouri

KIDS COUNT in Missouri (KCM) is a collaborative project of Citizens for Missouri's Children, the Children's Trust Fund and more than 30 public and private organizations from across the state. The project's mission is to improve the well-being of Missouri's children by heightening awareness of children's issues within local communities and by promoting more effective responses to children's needs throughout the state.

A major part of KCM is the publication of the annual *KIDS COUNT in Missouri Data Book*, documenting the status of children in all 115 Missouri counties. KIDS COUNT data are used to brief members of the legislature, to shape policy goals, and as an integral part of training communities to undertake data-driven advocacy. KIDS COUNT data and their implications for children are the driving forces behind the work of Citizens for Missouri's Children.

KIDS COUNT in Missouri is funded in part by the Annie E. Casey Foundation, the nation's largest philanthropic source for disadvantaged children. The foundation supports a network of state-level KIDS COUNT projects that shapes a new direction for America's children.

## Citizens for Missouri's Children

Citizens for Missouri's Children (CMC) is a statewide child advocacy organization serving as an independent voice for children on issues, policies and government programs that affect their lives and about which they cannot speak for themselves. The organization's mission is to advocate for the rights and well-being of all Missouri's children, especially those with the greatest need.

In addition to managing the KIDS COUNT in Missouri project, CMC promotes early childhood care and education programs, monitors implementation of welfare reform and children's access to health insurance and health care, documents expenditures on children's services and supports child protective services reform. CMC convenes an annual policy briefing to bring together citizens, service providers and policy makers who share a common concern for children. During each legislative session, CMC keeps the public informed with frequent information about pending legislation. CMC publishes a quarterly newsletter, The Children's Chronicle. It also provides in-depth analysis of current policy issues through a variety of fact sheets, policy briefs and reports.

Founded in 1983, CMC is a member of the National Association of Child Advocates.

## Children's Trust Fund

Missouri's Foundation For Child Abuse Prevention

The Children's Trust Fund (CTF) is Missouri's Foundation for Child Abuse Prevention. CTF is a non-profit organization dedicated to the vision of children and families who are able to grow and reach their full potential in a nurturing and healthy environment, free from child abuse and neglect. Its mission is to prevent or alleviate child abuse and neglect for Missouri's children and families through: planning and policy development; funding of results-oriented programs; training programs for prevention professionals; research; public awareness and education; and integration of statewide prevention efforts.

CTF was established by state statute in 1983 (210.170 RSMo) as a public-private partnership that is governed by a 21-member board of directors appointed by the Governor that provides fiduciary oversight, program direction and leadership for child abuse and neglect prevention activities throughout Missouri. Unique in its origin and mission, it is the only state agency to receive non-general revenue funding for the specific purpose of child abuse prevention.

In addition to distributing funds to local community-based programs, CTF provides information and data to impact state policy regarding child abuse, neglect and family support issues. CTF continues to engage in the Community Based Family Resource and Support program (CBFRS) that coordinates services to support parents and their children. CTF is currently conducting educational projects that promote the prevention of Shaken Baby Syndrome and teach the dangers of leaving children unattended in vehicles. In addition, the CTF license plate marketing program allows organizations and agencies to market the special CTF plate to earn funds for a specific child abuse prevention program in their local community.

# Acknowledgments


## KIDS COUNT in Missouri Partners

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# Executive Summary

The tenth annual KIDS COUNT in Missouri Data Book provides information on measures of child well-being for the state, its 114 counties and St. Louis City. By highlighting trends and comparing geographic areas, the project educates Missourians about the condition of vulnerable children and encourages citizen action to improve their lives.

According to new Census 2000 data, there are now more than 1.4 million children living in Missouri, comprising slightly more that one-fourth of the total population. Slightly less than one-fifth of the state's children are of an ethnic minority, including African American, Asian, Native American and children of mixed race. Hispanic children are now 3% of the state's child population, a rate double what it was in 1990.

Between the base and current years six KIDS COUNT in Missouri outcome measures improved and four worsened. Measures that improved are: births to mothers without a high school diploma; infant mortality; child deaths; annual high school dropouts; births to teens and teen violent deaths. The measures of students receiving free and reduced price lunch, low birth weight infants and the number of children in out of home placements worsened. One measure, child abuse and neglect, is difficult to interpret but may be worsening.

## Measures of Economic Security

*Students enrolled in free or reduced-price lunch program*, a proxy measure of child poverty, decreased between 1991 and 1992, increased slightly through 1997, was flat during the late 1990s and has risen in 2000 and 2001. In 2001, more than one-third of Missouri's students lived in families whose incomes were low enough to qualify for this program. Low-income children are at higher risk than other children for a variety of physical, educational and social problems.

Children who are born to undereducated parents face the highest odds of living in chronic poverty. In 2001, almost one in five Missouri births was to a *mother without a high school diploma*, denoting less than 12 years of education. This rate decreased in the early 1990s, rose slightly since then and dropped for the first time this year.

The number of *children receiving cash assistance* decreased 51% between 1993 and 2000, as a result of changes in welfare programs and Missouri's improving job market during those years. Many of these children are still living in poverty, however, as their parents replace welfare with low-paying employment. *Food stamp utilization* fell slightly.

Economic indicators for adults in the work force are encouraging for Missouri's families with children. The *unemployment* rate decreased while *annual wages* increased.

## Measures of School Success

The importance of children succeeding in school has recently gained much attention. School success includes being ready to enter school and achieving mastery of appropriate knowledge at various academic levels. Next year we hope to have sufficient data to add an outcome measure on school readiness. Other outcome indicators, showing academic ability, are under discussion.

## Spotlight on Success: School Readiness Indicators Initiative

It is almost impossible to ignore the mounting evidence about the importance of a child's experiences in the first five years of life. Study after study supports the notion that quality experiences for very young children are critical to their success as adults. These early experiences affect development in a fundamental way.

Increasingly, federal and state policy makers are talking about how to make sure that children have early experiences that adequately prepare them for public school. These discussions differ from state to state but there is unprecedented interest in providing additional supports for very young children.

Missouri is no exception. Results from the state's School Entry Assessment pilot project suggest that approximately 25% of the state's children are not ready to enter kindergarten. A state team is working toward defining exactly what readiness means and how we will measure it as part of the School Readiness Indicators Initiative.

## Measures of Child Health

The percent of *low birthweight infants* increased slightly from the five-year average of 1992-96. This occurred even though more women received prenatal care and had healthy pregnancies. The long-term increase in low birth weight babies is due, in part, to more multiple birth deliveries, primarily associated with the use of fertility drugs or in vitro fertilization and to more early deliveries via C-section and induced labor. In 2001, 5,759 infants had low birthweights.

In contrast, the *infant mortality* rate has declined slowly but steadily over the last 10 years. This is due to a combination of improved medical technology and public health outreach efforts. In 2001, 555 infants died before their first birthday.

The number of *children enrolled in Medicaid* increased substantially between 1997 and 2001, suggesting that enrollment efforts have some success in reaching uninsured children in low- and moderate-income families.

The *child death* rate has improved slightly but steadily since the beginning of the decade. This year 260 children died in Missouri. More detailed data, available for 2000, shows that 45.8% of child deaths were attributable to illness and approximately 14.2% were unintentional. There were 15 homicide deaths and 8 suicide deaths among children ages 1-14 in 2000. Firearms were related to 9 deaths in this age group, 5 were intentional.

Our measure of *child abuse* and neglect is difficult to interpret because of contradictory data elements. Once the Division of Family Services receives a call on the child abuse hotline, the family may receive a family assessment and be offered any services that the assessment indicates are necessary. The number of family assessments is rising dramatically. In the most severe cases, it may be determined that there is enough evidence, or probable cause, to believe that abuse has occurred and/or that prosecution is merited. The number of probable cause cases is rising. Totals of probable cause and family assessment cases show an increase in the total number of cases with Division of Family Services involvement.

The *out-of-home placement* rate shows an overall increase between 1992 and 2001. More than 7,682 children were removed from their homes and placed in foster homes, with relatives or in residential institutions.

## Measures of Adolescent Success

The *high school dropout* rate increased between 1992 and 1994 but has declined since. There were 11,071 dropouts from public high schools in the 2000/01 school year. These youth face economic insecurity and other negative outcomes.

Missouri's *teen birth* rate has declined steadily since 1992. In 2001, 9,308 Missouri teens, ages 15-19, gave birth. These teens and their children are more likely to face poverty, unemployment or underemployment, and health problems.

*Violent deaths of teens* increased between 1992 and 1995 but have decreased since then, until turning up this year. In 2001, 365 teens died violently. More detailed information from 2000, showed that 60% of Missouri motor vehicle fatalities among children were teenagers, 15-17 years old. Of those, 33.6% were unrestrained at the time of the crash.

## Trends for Minority Children

Minority data are not available for all KIDS COUNT measures. For measures where data are available, it is clear that Missouri's 279,828 minority children face higher risks for adverse outcomes than their Caucasian peers. They are about two times as likely as Caucasian children to have low birth weights, die in infancy, and are more likely to be confirmed as abused or neglected. However, the gap is narrowing on most measures, including out-of-home placement, teen births and teen violent deaths.

## Special Focus: Public Investments in Children

The annual state budget is often "the single, most powerful expression"[1] of the state's priorities. To assess Missouri's current priorities, it is necessary for the public to have a deeper understanding of both the current state budget and how spending priorities are set.

Missouri's annual budget is comprised of income from a variety of sources. These sources support programs and services in unique ways. Sources of funds include those from the federal government, state and local revenues.

Distribution of these funds is the purpose of the state budgeting process. The Governor, state departments, the Office of Administration (OA) and the legislature are all involved. Political choices are made and priorities are set at each level.

Even in the best of times, competition for funding is fierce. Working through the budget and appropriations is difficult. Over the last two years, Missouri's flagging economy and various tax cuts created new challenges for those trying to secure an adequate investment in Missouri's children. The Governor ordered withholdings three times from the state's FY 2002 budget. These withholdings totaled totaled $536 million, approximately 7% of the general revenue portion of the state budget for FY 2002. While some reductions were made in the FY 2003 budget process, withholdings against that budget are also likely.

Overall, children did fare better than many constituencies in the FY 2003 budget. Most services were maintained. However, that position is tenuous; should any withholdings occur for the FY 2003 budget, children are likely to lose. The long-term impact of these cuts has yet to be fully realized.

Nobody likes higher taxes. But, it is important to understand that we are choosing to limit services to children by keeping taxes low. In the current situation, we need to consider generating more state revenue instead of forcing deserving groups to compete over scarce resources: fighting over the crumbs and not looking at the whole pie. Proposals for raising state revenues include increasing cigarette and/or alcohol taxes and revising the Hancock amendment that limits state revenue. We could help low-income working families by raising the tax threshold and lowering the tax rate. Or, we could enact a state earned income tax credit.

Regardless of the amount of state revenue we generate, we need to develop some consensus about what our priorities are as Missourians. If we are to maintain our low tax status, then we need to be willing to sacrifice some services. It is only human nature to want to keep whatever services we use and propose cutting those used by someone else but we must work against that impulse. Instead, we need to develop a clear picture of the relative importance of various programs.

As individuals and as groups, we need to communicate these priorities to those who are involved in priority setting. There are a number of opportunities to improve outcomes for Missouri's children by advocating for greater investment(s) in children.

# Missouri Profile

▶ State Capital - Jefferson City

| Outcome Measures | Number Base Year | Number Current Year | Rate Base Year | Rate Current Year | Trend | National Rank |
|---|---|---|---|---|---|---|
| Students enrolled in free/reduced lunch 1997/2001 | 302,323 | 319,796 | 35.4% | 36.7% | ✗ | 26* |
| Births to mothers without h.s. diploma 1997/2001 | 14,142 | 14,267 | 19.1% | 18.9% | ✓ | N/A |
| Low birthweight infants 1992-96/1997-2001 | 27,859 | 29,018 | 7.5% | 7.7% | ✗ | 26 |
| Infant mortality (per 1,000 live births) 1992-96/1997-2001 | 2,971 | 2,818 | 8.0 | 7.5 | ✓ | 36 |
| Child deaths, ages 1-14 (per 100,000) 1992-96/1997-2001 | 1,616 | 1,389 | 30.3 | 25.2 | ✓ | 21 |
| Child abuse and neglect (per 1,000) 1997/2001 | 25,300 | 64,886 | 18.0 | 45.4 | ✗ | N/A |
| Out-of-home placement entries (per 1,000)1997/2001 | 6,647 | 7,682 | 4.7 | 5.4 | ✗ | N/A |
| Annual high school dropouts 1997/2001 | 14,250 | 11,071 | 5.7% | 4.3% | ✓ | 10 |
| Births to teens, ages 15-19 (per 1,000) 1997/2001 | 10,094 | 9,308 | 51.4 | 46.0 | ✓ | 30 |
| Violent deaths, ages 15-19 (per 100,000) 1992-96/1997-2001 | 1,615 | 1,550 | 83.9 | 75.9 | ✓ | 44 |

## COUNTY TRENDS

***Changed for the Better*** ✓

Mothers without h.s. diploma
Infant mortality
Child deaths
High school dropouts
Births to teens
Teen violent deaths

***Changed for the Worse*** ✗

Free/reduced lunch enrollees
Low birthweight infants
Child abuse and neglect
Out-of-home placement entries

*For information on how to use the Missouri Profile, please refer to CD .*

## ▶ DEMOGRAPHIC

| | | |
|---|---|---|
| Child population | 1997 | 1,402,419 |
| | 2001 | 1,427,692 |
| Children as percent of total population | 1997 | 25.6% |
| | 2001 | 25.5% |
| Minority children | 1996 | 18.0% |
| | 2000 | 19.6% |
| Children with limited English proficiency | 1998 | 7,627 |
| | 2001 | 10,238 |

## ▶ ECONOMIC

| | | |
|---|---|---|
| Children in poverty | 1990 | 17.7% |
| | 2000 | 15.3% |
| Children under 6 in poverty | 1990 | 20.2% |
| | 2000 | 17.7% |
| Children in single parent families | 1990 | 19.5% |
| | 2000 | 24.3% |
| Average annual wage/salary | 1997 | 28,028 |
| | 2000 | 31,508 |
| Adult unemployment | 1997 | 4.2% |
| | 2001 | 4.1% |

## ▶ FAMILY SUPPORTS

| | | |
|---|---|---|
| Parents paying child support in state system | 1996 | 37.5% |
| | 2000 | 59.1% |
| Children receiving subsidized child care | 1997 | 41,888 |
| | 2001 | 45,712 |
| Licensed child care capacity | 1998 | 124,201 |
| | 2002 | 131,943 |
| Accredited child care facilities | 1999 | 350 |
| | 2001 | 345 |
| Children receiving cash assistance | 1997 | 9.1% |
| | 2001 | 6.3% |
| Children receiving food stamps | 1997 | 24.6% |
| | 2001 | 23.6% |

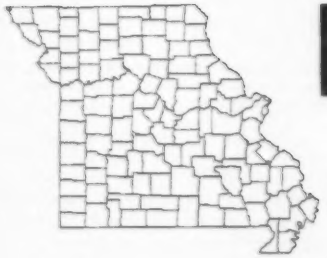
## ▶ HEALTH/MENTAL HEALTH

| | | |
|---|---|---|
| Children enrolled in MC+/ Medicaid | 1997 | 23.9% |
| | 2001 | 32.8% |
| Public clinic immunization | 1997 | 89.0% |
| | 2001 | 77.9% |
| Children with elevated blood lead levels | 1997 | 13.7% |
| | 2001 | 5.9% |
| Children receiving public SED mental health services | 1997 | 22,339 |
| | 2001 | 25,491 |
| Juvenile law violation referrals, ages 10-17 (per 1,000) | 1997 | 74.7 |
| | 2000 | 66.9 |

**Children in poverty national rank; ranks based on 1999 data.*

*KIDS COUNT in Missouri 2002*

*Citizens for Missouri's Children* *Children's Trust Fund*



# Missouri Minority Profile

| Outcome Measures | Year Base/Current | Caucasian Rate Base | Caucasian Rate Current | Caucasian Rate Trend | Minority Rate Base | Minority Rate Current | Minority Rate Trend |
|---|---|---|---|---|---|---|---|
| Births to mothers without h.s. diploma | 1997/2001 | 17.2% | 17.3% | ✗ | 28.9% | 26.8% | ✓ |
| Low birthweight infants | 1992-96/1997-2001 | 6.3% | 6.7% | ✗ | 12.8% | 12.6% | ✓ |
| Infant mortality (per 1,000 live births) | 1992-96/1997-2001 | 6.6 | 5.9 | ✓ | 14.3 | 14.9 | ✗ |
| Child deaths, ages 1-14 (per 1,000) | 1992-96/1997-2001 | 27.9 | 23.7 | ✓ | 38.7 | 30.7 | ✓ |
| Child abuse and neglect (per 1,000) | 1997/2001 | 17.2 | 44.1 | ✗ | 23.0 | 51.0 | ✗ |
| Out-of-home placement entries (per 1,000) | 1997/2001 | 3.7 | 4.8 | ✗ | 8.8 | 7.5 | ✓ |
| Annual high school dropouts | 1997/2001 | 4.8% | 3.8% | ✓ | 10.1% | 6.2% | ✓ |
| Births to teens, ages 15-19 (per 1,000) | 1997/2001 | 45.4 | 41.6 | ✓ | 75.5 | 63.5 | ✓ |
| Violent deaths ages 15-19 (per 100,000) | 1992-96/1997-2001 | 72.3 | 76.2 | ✗ | 113.2 | 69.1 | ✓ |

## TRENDS

***Changed for the Better*** ✓

Mothers without h.s. diploma
Low birthweight infants
Child deaths
Out-of-home placement entries
High school dropouts
Births to teens
Teen violent deaths

***Changed for the Worse*** ✗

Infant mortality
Child abuse and neglect

# What KIDS COUNT Tells Us About Child Well-being

he goal of the Kids Count project is to improve the well-being of Missouri's children by heightening awareness of children's issues throughout the state. As part of that effort, the annual Kids Count Data book documents the status of children in the state and in each of its 115 counties. This information promotes more effective responses to children's needs at both the state and community level.

Kids Count data consists of outcome measures and indicators of child well-being. The ten outcome measures show specific outcomes, or results for children. These outcome measures are like the dots in a child's dot-to-dot drawing. They pinpoint areas where children are experiencing particular success or difficulty. Outcome measures also highlight trends over time.

Various indicators help put the outcome measures in context. For example, one of the child health indicators is the immunization rate. Proper immunization is not an outcome, or result, because it does not guarantee improved child health. However, the immunization rate does help form a more complete picture of whether children have access to the kinds of services and supports that might make them more likely to be healthy. In our dot-to-dot drawing, the indicators help fill in some lines, or provide some additional points that help deepen our understanding of how children fare in Missouri.

In 1997, the State of Missouri began to develop a set of outcomes for the state known as the Show-Me Results. That effort identified much of the data needed to measure selected outcomes. In the last two years, those outcomes and measures have been refined and prioritized. These Missouri Priority Results and their associated success predictors (indicators) often intersect or overlap information in the Kids Count report. This year we include information on Missouri Priority Results and success indicators that are related to child well-being.

Kids Count data provide solid starting points for our picture of Missouri's children. To complete the picture, we must finish the outline and color in the details with additional information from children, families and communities.

### Children in Missouri (Demographics)

- Children under 18 are 25.5% of the total population.
- 19.6% of children are racial minorities.
- The number of children reported as language minorities rose 34% between the 1998/99 school year and the 2000/01 school year.
- 15.3% of children are poor.
- 17.7% of children under 6 are poor.
- Ages of children in Missouri:
  - 221,068 (13.9%) are infants and toddlers under 3 years of age;
  - 148,830 (9.3%) are preschoolers, ages 3 and 4;
  - 810,978 (50.9%) are elementary, middle and junior high school students between 5-14;
  - 413,296 (25.6%) are senior high school students, ages 15-19.

# PERSPECTIVE: Economic Security

Children are more likely to be poor than any other age group, and are more likely to be chronically poor than adults or senior citizens. Thirty-seven percent (37%) of America's children live in low income families: families with incomes below 200% of the federal poverty line. Fifteen percent (15%) of all children live in poverty–a rate significantly higher than that of most other industrialized nations. In 2000, 6% of American children lived in extreme poverty. Their families made half (or less) of the federal poverty line at less than $7,000 per year for a family of three.[2]

It is important to note that the federal poverty level is an artificially low measure of poverty. The federal poverty level was $18,100 for a family of four in 2002. Yet, according to a report by the Missouri Department of Economic Development, a family of four actually must make about $28,000 to meet their essential needs.[3]

Poor children are less likely to receive cash assistance and more likely to live in families where parents are working than they were in the past. In a recent survey of former cash assistance recipients, two-thirds reported being currently employed, but had earnings were below the poverty line.[4]

Poverty is often associated with poor outcomes for children. Poor children are more likely to be ill, suffer from abuse or neglect, and to drop out of high school. Recent findings from a variety of studies suggest that race and ethnicity are "less important influences on educational attainment than socioeconomic background and other factors."[5]

The country's primary program for supporting low income families is the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) and includes state grants for Temporary Assistance for Needy Families (TANF). Additional programs, like the Child Care and Development Block Grant (CCDBG) support low income families by providing assistance with child care expenses incurred when parents are at work. Both of these federal programs must be re-authorized this year. While debate has been animated, what finally emerges in terms of flexibility of state spending, requirements for longer work weeks (without increasing support for child care) and opportunities for training and education will have a significant impact on family economic security.

Child poverty has persisted through both good and bad economic times but it is not intractable. Other industrialized nations have cut their child poverty rates. In the United States, we have successfully cut poverty efforts among other groups, like the elderly. "History shows that well-considered, sustained policy efforts can buffer many children from the worst effects of poverty."[6]

### Economic Security Indicators

- Average wages are increasing.
- Adult unemployment is falling.
- More children receive child support paid through the state.
- Fewer children receive cash assistance.
- Fewer children receive food stamps.

### Economic Security Outcomes for Children

- The number of children receiving free and reduced price lunch continues to crawl upward.
- Births to mothers without a high school diploma dropped slightly this year after small increases during the late 1990s.

### Related KIDS COUNT Outcomes

- Rate of annual high school dropouts shows a positive trend. (See Adolescent Success.)
- Births to teen mothers shows a slow, but steady decline. (See Adolescent Success.)

## Related Missouri Priority Results

**Missouri is a Leader in Education**

- Increase percentage of 18-year-olds with a high school diploma or GED.
- Success Predictors: children participating in a quality early childhood experience, use of technology in the classroom, teens not getting pregnant.

**Missouri is Successfully Navigating through Tough Economic Times**

- Increase level of per capita income.
- Decrease rate of unemployment.
- Success Predictors: Missourians with undergraduate or technical degrees, high wage jobs, higher rates of employment among persons with disabilities, economic health of the community, representation for all citizens in the economy.

**Missouri is a Safe, Healthy Place to Live and Work**

- Increase life expectancy.
- Decrease impact of chronic diseases.
- Success Predictors: Missourians with health insurance, Missourians not living in poverty.

## Interpretation

- Families are seeing an increase in wages that is offset by a reduction in government supports.
- Family wages are not sufficient to move families beyond poverty or near-poverty.
- May see negative movement in a number of these indicators next year as full effect of economic downturn becomes evident in data for the year 2002.
- Economic changes make dropping out of high school more costly, encouraging teens to stay in school or to complete high school through alternative means.[7,8]

# Students Enrolled in Free/Reduced Price School Lunch Program

## Definition

The percent of Missouri students enrolled in the free or reduced price lunch program is used as a proxy measure of child poverty. Child poverty figures are collected every ten years in the census, with updated estimates in every other year. These figures fail to reflect more recent changes. Free and reduced price school lunch figures, collected annually, are more sensitive to change. Students who live in homes with annual incomes at or below 130% of the poverty level ($23,530 for a family of four) are eligible for free meals. Students who live in homes with annual incomes between 130% and 185% of the poverty level ($33,485 for a family of four) are eligible for reduced price meals.[9]

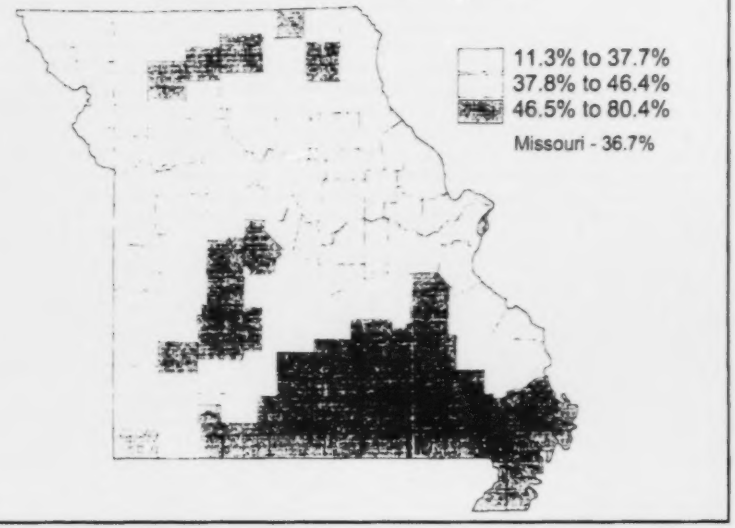
## Significance

Poor children face enormous risks as they grow and develop. Compared to other children, they are much more vulnerable to hunger, homelessness, physical and mental disabilities, illness, violence, nutritional deficiencies and early death. In school, poor children are more likely to have lower test scores, more learning disabilities, greater special education needs and higher chances of dropping out than middle-class or upper-class children. These children lack the economic security that improves their chances of success.[10]

A recent analysis by the Annie E. Casey Foundation identified six family indicators that contribute to negative child outcomes. Of those, four were directly related to economic security: household head is a high school dropout; no secure parental employment; family income is below the poverty line; and the family is receiving welfare benefits.[11]

Enrollment in the free/reduced price school lunch program is also an important indicator of child nutrition. Recent studies have shown the broad impact of adequate nutrition in children. Children who experience food insecurity or hunger have: poorer overall health; greater incidence of hospitalization; higher levels of aggression, hyperactivity, anxiety and passivity; increased need for mental health services; lower test scores and poorer overall achievement; increased school absence, tardiness and suspensions. These children have a diminished capacity for learning.[12]

**Students Eligible for Free and Reduced Price Lunch, 2001**




## Missouri Findings

Thirty-seven (37) percent or 321,303 Missouri students were enrolled in the free/reduced price lunch program in the 2001 school year. The percentage increased slightly from the 2000 school year.

## County Findings

The counties with the lowest participation rates in 2001, suggesting low child poverty, were primarily suburban: Platte, Clay and Cass (Kansas City area); and St. Charles and Jefferson (St. Louis area). In these counties, participation was less than 24%. The highest participation rates, suggesting higher child poverty, were found in the south and southeastern counties of Oregon, New Madrid, Ozark, Ripley, Mississippi, Wayne, Pemiscot, Reynolds, Shannon and Carter, as well as in St. Louis City. In these counties, more than 60% of the students lived in families

that were poor enough to qualify for the school lunch program. St. Louis City had 80.4% of students eligible for free/reduced price lunch.

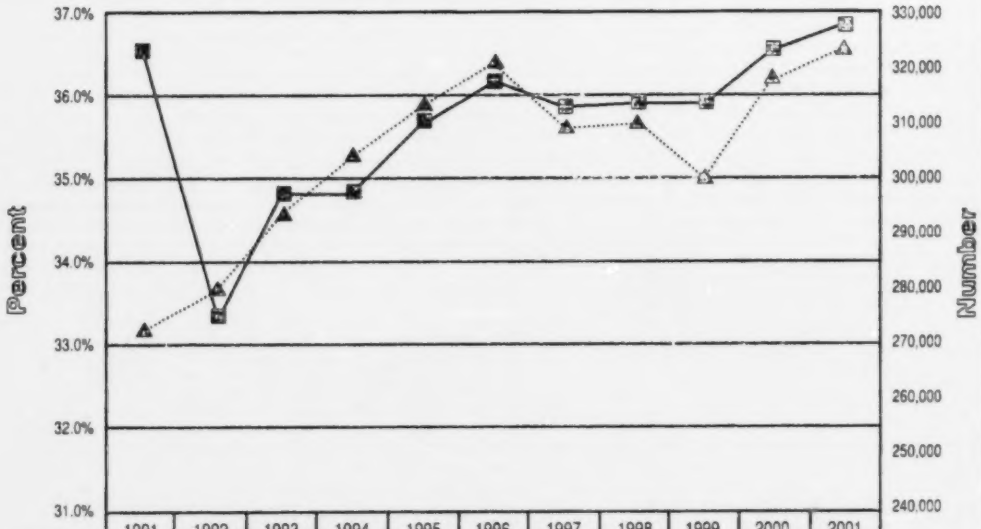
## Children Receiving Cash Assistance

The number of families and children receiving cash assistance has fallen by 51% since 1993.[13] This decrease can largely be attributed to improvements in Missouri's economy in the 1990s. Also, federal and state policies now place many welfare recipients directly into welfare-to-work activities, which reduces the length of time they receive benefits. The number of families with an unemployed parent has fallen to 808 from a high of 5,548.[14] Many of the children who are leaving the cash assistance rolls are likely still living in poverty as their parents replace welfare with low-paying employment.

In an average month, 48,775 families, including 93,019 children, receive cash assistance through the Temporary Assistance for Needy Families (TANF) program. A significant proportion (60.1%) of the children receiving TANF live in the major metropolitan areas, including St. Louis City (28.2%), Jackson County (17.5%) and St. Louis County (14.4%).[15]

Families receiving TANF may only receive federal cash benefits for five years during their lifetimes. In July, 2002, 2,729 families with 7,848 children reached their lifetime limit. More than half (58%) of the children facing loss of benefits live in St. Louis City. Another 21% of these children live in St. Louis County. The remaining 21% of children receiving benefits are spread throughout the state.[16]

**Students Enrolled in Free/Reduced Price School Lunch Program, 1991-2001**




| | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % of Enrolled Children | 36.5% | 33.3% | 34.9% | 34.9% | 35.6% | 36.1% | 35.8% | 35.9% | 35.9% | 36.5% | 36.7% |
| # of Participating Children | 271,351 | 279,932 | 297,201 | 303,472 | 312,618 | 321,101 | 310,474 | 313,331 | 300,000 | 318,556 | 319,796 |

*Source: Missouri Department of Elementary and Secondary Education*

## Children Receiving Food Stamps

Another indicator of child nutrition is participation in the federal food stamp program. This program supplements cash assistance for low-income families by providing vouchers for the purchase of food. Participation in this program declined slightly from 1997 to 2001.

Food stamps are an important support for low-income families, particularly those who are moving between cash assistance and work. New research from the Urban Institute shows that many former welfare families are still eligible for food stamps but do not collect them. Many families report that they leave the program while still eligible because of "administrative problems or hassles." These problems include overly restrictive asset tests and rigid re-certification requirements that have recently been addressed in federal legislation. With additional outreach to families, it is expected that these changes will allow more families to retain their food stamp benefits. For families, this is an important component in successfully transitioning to work and for children, it means better nutrition.[17]

The federal government recently began collecting information on food security through the Current

Population Survey (CPS) questionnaires administered by the Census bureau. In its 2001 Statistical Abstract, the Census Bureau calculated that children were present in 71 million households. An estimated 17.3% of children were classifies as food insecure in 1998.[18] Food insecurity is a condition where resources are so limited that families run out of food, reduce the quality of food, reduce adult intake so children can eat or take other serious steps to meet family needs.[19]

## Preventive Factors

Ways to improve this outcome include:

- ☐ Jobs that pay a livable wage;
- ☐ Supportive services that help individuals find and maintain jobs, including child care, transportation and health care;
- ☐ Income support for individuals who are unable to work;
- ☐ Adequate and effective collection of child support for children in single parent families;
- ☐ Progressive tax policies that ease the tax burden on low-income families;
- ☐ Policy that supports asset development, such as Individual Development Accounts (IDAs);
- ☐ Unemployment Insurance reform that improves access to unemployment insurance for low-income workers.

## Racial Data

Data for Caucasian and minority children are unavailable for the school lunch program.

# Births to Mothers Without High School Diplomas

### Definition

This variable measures the percent of births to mothers of all ages who have less than twelve years of education, as indicated on the newborns' birth certificates.

### Significance

Children who are born to undereducated parents face the highest odds of living in chronic poverty. In 1995, the poverty rate was 57% for children living with parents who had dropped out of school, but only 4% for children living with at least one parent with a college degree.[20]

Parental education level has shown to be a better predictor of grade repetition than family income, poverty status, family structure, ethnic group or family size. Nationally, 33% of children whose parents had less than a high school diploma had repeated a grade, compared to only 21% of children whose parents had high school diplomas and 9% of children whose parents were college graduates.[21]

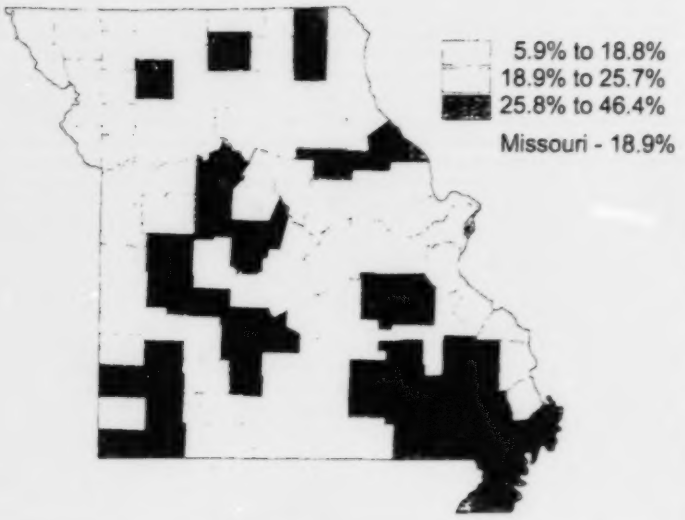
According to the Missouri School Improvement Project, Missouri parents who are high school graduates are almost twice as likely to report that their children make mostly A's in school than those with less than a high school education.

### Missouri Findings

Almost one in five (18.9%), or 14,267 births in 2001 were to undereducated mothers. The rate decreased slightly in the early 1990s, and remained almost flat in the later part of the decade. Although slight, this is the first reduction that has occurred since 1996.[22]

In Missouri, only 6.9% of families receiving public assistance, had more than 12 years of education. Forty-four percent (44.0%) had just twelve years and 43.6% had only 9-11 years of education.

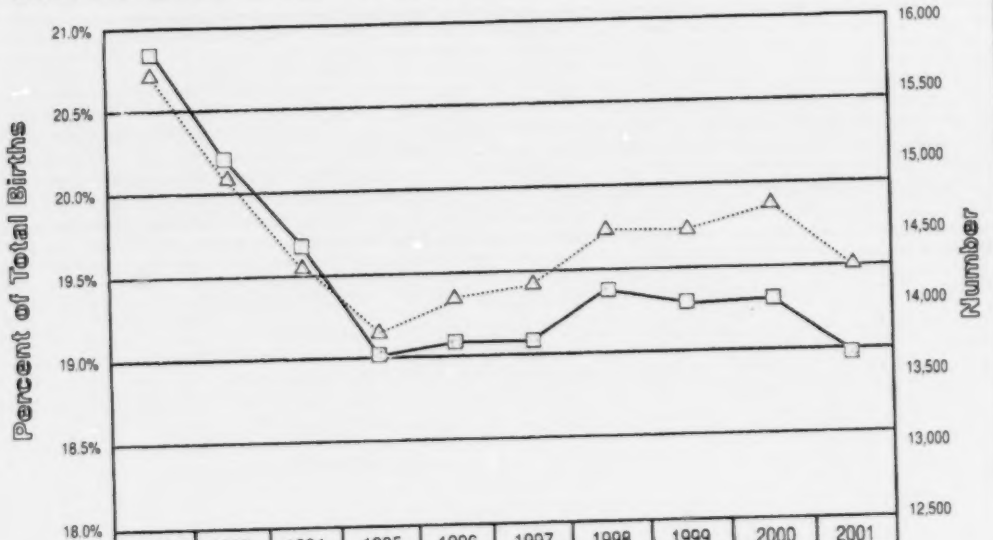
**Percent of Births to Mothers Without High School Diplomas, 2001**




### County Findings

Fewer than 10% of children born in 2001 in Mercer, Nodaway, Atchison and St. Charles Counties were born to mothers without a high school diploma. In ten counties, one-third or more of births were to undereducated mothers. These counties include Pike, Mississippi, Dunklin, Reynolds, Daviess, Pemiscot, Barry, Scotland, Morgan and McDonald. (It should be noted that some counties, like Scotland County, have a large Mennonite community. Because these families only require children to attend school through eighth grade, a majority of all Mennonite births would be to women with less than 12 years of education.) In absolute numbers, Jackson County, St. Louis City and St. Louis County account for 34.4% of births to undereducated mothers.

## Births to Mothers Without High School Diplomas, 1992 - 2001




| | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |
|---|---|---|---|---|---|---|---|---|---|---|
| □ % of Total Births | 20.8% | 20.2% | 19.6% | 19.0% | 19.1% | 19.1% | 19.4% | 19.3% | 19.3% | 18.9% |
| △ # of Births | 15,784 | 15,195 | 14,387 | 13,805 | 14,077 | 14,142 | 14,588 | 14,569 | 14,749 | 14,267 |

*Source: Missouri Department of Health*

### Preventive Factors

Ways to improve this outcome include:

- ☐ Adequate preschool and early education programs that help prepare students to learn;
- ☐ Early identification of at-risk students, particularly in elementary school and during transition periods from elementary school to junior high, and from junior high to high school;
- ☐ Teachers who are able to identify and address cultural differences to reduce the high dropout rates of minority students;
- ☐ School-based or school-linked physical and mental health services;
- ☐ Services to children with disabilities, especially with behavior disorders;
- ☐ Programs that enhance the life choices of adolescent females by addressing esteem issues, assertiveness training, social and leadership development, school performance and academic achievement;
- ☐ Family planning services that provide health care and access to contraceptives.

### Racial Data

Minority infants were much more likely than Caucasian children to be born to undereducated mothers (26.8% vs. 17.3%) in 2001. The percentage of births to undereducated mothers improved for minority infants between 1997and 2001 while rates for Caucasian children deteriorated during the same time.

# PERSPECTIVE: School Success

The foundations for a child's eventual success in school are built long before the child enters kindergarten. When a child has learned to "use adults as sources of information, discipline and enjoyment"[23] they have the necessary skills to succeed in school. It is important to note that school readiness is not simply a matter of knowing the alphabet or counting to ten. Kindergarten teachers believe that the best predictors of success are those that relate to a child's behavior. Children that can follow direction, work well with others and keep up with their work are most likely to succeed in school.[24]

One component known to improve school readiness is a quality early care and education experience.[25] Benefits of providing these programs are even greater for low-income children. Low-income children are less likely than their peers to begin school with the skills they need to read. Studies have indicated that these children have a more limited vocabulary, they may be read to less often and low-income households have fewer books.[26]

While there are many aspects to 'quality' in early care, the only data consistently collected are those about licensure and accreditation. Licensure suggests a basic adherence to health and safety standards. Accreditation suggests the same adherence to health and safety standards, along with attention to providing appropriate learning experiences.

In a recent report, Missouri's State Auditor found a number of gaps in state laws, agency regulations and enforcement practices that limit the standard of quality implied by licensure.[24] Attention to changing state laws as well as providing sufficient resources for agency follow through and enforcement would improve the reliability of Missouri's licensed child care facilities.

Several state agencies, including the Departments of Elementary and Secondary Education, Health and Senior Services and Social Services, have combined efforts to increase the number of accredited facilities in the state. Partnerships with local agencies have yielded an increase in the number of accredited facilities in some areas. These efforts are hampered by the complexity of the accreditation process, which takes approximately three years, and by a lack of financial support from the state.

Shortages of quality care affect all families but they are particularly challenging for low-income families. Low-income families cannot afford the higher fees that are associated with higher quality programs. The child care subsidy system, designed to assist these families, is of value only to the poorest families. Missouri has one of the lowest eligibility levels in the nation, providing subsidies only for families at or below 118% of the federal poverty level, or $8.55 per hour for a family of 3. Once a family exceeds this income level, they lose their entire subsidy. Anecdotal evidence from families and the agencies that serve them suggests that families turn down raises at work just to keep their child care subsidy–a practice that seems to defeat the principles of our reformed public assistance programs.

Further, the rates that the state pays to providers to care for low-income children are abysmally low. These reimbursement rates cover only a small portion of the cost of child care so providers are forced to charge a co-payment to parents or to deny services to low-income families entirely. In effect, this forces low-income parents to choose poorer quality care.

### School Success Indicators

- Number of children with limited English proficiency is rising.
- Continued increase in the number of children using child care subsidy program.
- More licensed child care.
- Number of accredited child care centers dropped slightly.
- High school graduation rate increased.

### School Success Outcomes for Children

Kids Count does not currently present any school success outcomes for children prior to high school graduation. Please refer to the *Spotlight: School Readiness* section for more information on what the state is doing to develop these outcome measures related to school entry. Outcome measures for later school success are under consideration.

## Related KIDS COUNT Outcomes

- ☐ Annual high school dropouts are declining.
- ☐ Births to mothers without a high school diploma show a small decrease this year.
- ☐ Births to teens are declining.

## Related Missouri Priority Results

**Missouri is a Leader in Education**

- ☐ Increase percentage of children prepared for kindergarten.
- ☐ Increase percentage of students scoring proficient or higher on MAP tests.
- ☐ Increase percentage of 18-year-olds with a high school diploma or GED.
- ☐ Success predictors: parents participating in Parents as Teachers program; children participating in a quality early childhood experience; K-3rd graders in classes with 15-20 students; use of technology in the classroom; high quality teachers; school attendance; youth involved in extracurricular and community activities; teens not getting pregnant; students without substance abuse.

## Interpretation

- ☐ Increased attention to early learning, through parent supports (i.e. Parents as Teachers) and by improving the quality of non-parental care, may increase the number of children who enter school ready to learn.
- ☐ Teenagers who achieve early academic success are less likely to drop out of high school.[28]

# Spotlight On Success: School Readiness Indicators Initiative

***"By age forty-eight, John Smith has become a million-dollar American. He did not win the lottery to become a millionaire, nor did he earn it through hard work and savings. Instead, John Smith now has cost American taxpayers over $1 million for his care and for society's protection."***

***–Charles Bruner***

It is almost impossible to ignore the mounting evidence about the importance of a child's experiences in the first five years of life. Study after study supports the notion that quality experiences for very young children are critical to their success as adults. These experiences include the quality of care that children receive at home and in out-of-home settings.

The promising results that were shown in studies of small experimental programs in the 1960's and 1970's, provided the initial impetus for further study. As women continued to enter the workforce in record numbers, there was additional pressure to analyze how non-parental care affected children in their early years. Subsequent research has continued to examine virtually every aspect of how children respond to their earliest experience. This research includes long-term evaluation of specific local projects, like the recently released study of Chicago's Child-Parent Centers (CPC). The Abecedarian project in North Carolina, included assessments of the impact of the child care experience. Initial findings from an exhaustive analysis of Early Head Start, look specifically at the earliest years, from 0 to 3 years of age. Other research can corroborate the physical nature of early brain development, the impact of non-parental care on the relationship between parent and child. Whichever aspect of early learning these studies address, they all show clearly that early experiences affect development in a fundamental way.

At the same time, we lack any "universal public system supporting children during this period, as there is for school-age children."[29] While both federal and state governments are spending more money on very young children, they still struggle to determine government's overall role.

Part of the difficulty in establishing government's role has been the difficulty of estimating the overall economic impact of supporting young children. Some of the research studies have estimated the public benefit at up to $7 for every dollar invested but these financial benefits have been difficult to estimate on a larger scale.

What is clear is the substantial public investment we have already made in school-age children. See Chart 1. Public policy makers are beginning to see the value of additional investments in younger children, as a way of securing the existing investment in our educational system. It is obvious that school success will be more difficult for children who are ill-prepared at the beginning of their school career. To that end, school-readiness is emerging as a way of evaluating our current programs for young children and as a foundation for designing future public efforts.

This trend is evidenced by discussions at the federal level and in the number of states currently engaged in some form of school-readiness initiative. The discussions differ from state-to-state, and include such diverse strategies as parent education and support programs, kindergarten cut-off dates, school entry assessment tools and universal pre-kindergarten programs. Still, virtually every state and even some localities, are expressing interest in protecting their investment in public education by providing additional supports for younger children.

Missouri is no exception. Results from the state's School Entry Assessment pilot project, suggest that approximately 25% of the state's children are not prepared when they arrive at school. As the state prepares to use this information, it is important to understand exactly what is meant by school-readiness.

## Components of School Readiness

Many people mistake the term "school-readiness" to mean that children can recognize their letters and numbers when they arrive at kindergarten. However, building on the research base over time, experts in the field have determined that academic preparation is only one component of a much broader definition of what makes a child ready for school.

In July 1990, the National Education Goals Panel (NEGP) set, as its first goal, "by the year 2000, all children in America will start school ready to learn."[30] They identified three components of school readiness: readiness in the child, the school's readiness for children and family and community supports and services that contribute to readiness.

These components are critical to understanding that the term "school-readiness" is not ONLY about the child. Instead, readiness is the result of complex interactions between the child, the school and the community. While we will limit this discussion to the child's readiness, it is important to view these components in a broader context.

## Readiness in Children

Readiness in children also goes far beyond academic measures of readiness like knowing their letters. The NGEP highlighted five dimensions of children's school readiness in a subsequent report.[31]

**Physical well-being and motor development** includes health status, growth and disabilities.

**Social and emotional development** is a key element. It covers a child's ability to take turns and to cooperate; skills that are necessary in a school environment. This area also includes the child's sense of self, empathy with others and ability to understand and express feelings.

**Approaches to learning** reflects a child's ability to use their skills and knowledge. It includes enthusiasm, curiosity and persistence on tasks as well as temperament and cultural patterns and values.

**Language development** includes verbal language skills like listening, speaking and vocabulary. It also includes emerging literacy skills like matching sounds to letter combinations (print awareness), story sense and representing ideas through drawing, shapes or letters (writing process).

**Cognition and general knowledge** includes the ability to see similarities or differences across objects, to demonstrate knowledge of spatial relationships, shapes and number concepts.

The breadth and complexity of these areas make it challenging for researchers and policy makers to evaluate the readiness of children, schools or communities. However, a new initiative is making it possible for Missouri to develop a set of reasonable measures around school readiness.

## School Readiness Indicators Initiative

The School Readiness Indicators Initiative is a multi-state initiative that uses child well-being indicators to build a change agenda in states and local communities in order to improve school readiness and ensure early school success. The task of participating states is to develop a set of child outcome and systems indicators for children. The Initiative involves 16 states: Arizona, Arkansas, California, Colorado, Connecticut, Kansas, Kentucky, Maine, Massachusetts, Missouri, New Hampshire, New Jersey, Rhode Island, Vermont, Virginia, and Wisconsin. State teams work individually and as a group to develop a comprehensive set of measures to monitor school readiness and

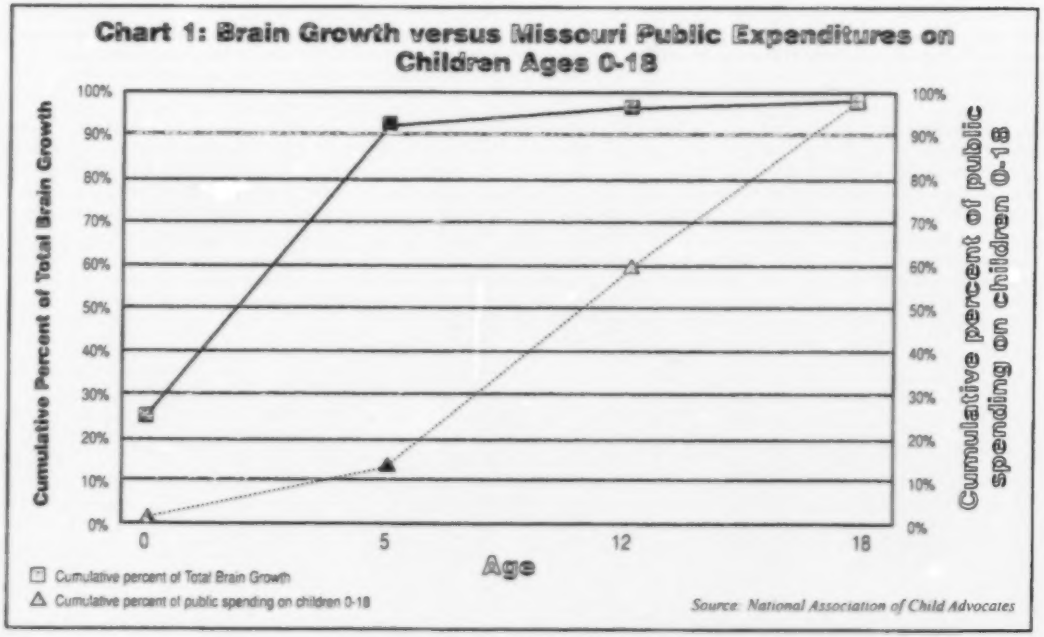
## A Ready Community Has...

- Healthy Children: well babies, proper immunization, adequate nutrition, prevention of unintentional injury, access to mental health services for parents and children.
- Family stability: buffers for economic risk, family structure and home environments.
- Good early care and education: high quality care, parents involved in early care programs.
- School transitional practices
- Community/ Neighborhood factors: low poverty, low crime, adequate housing and control of environment hazards.

service system outcomes for children and families. Each team consists of multi-agency senior policy and data staff.

Expert consultants with selected skills and experience are engaged as needed to support the work of the Initiative. The primary role of the consultants is to provide assistance to the network of states as a whole or to groups of states with common issues. The consultations take a variety of formats, including commissioned papers on priority issues and participation at national meetings. On a selective basis, expert consultants provide on-site consultation to individual states in order to advance their indicator agendas.

Rhode Island Kids Count is the lead agency for this national initiative. Funding is provided through the David and Lucile Packard Foundation, the Ewing Marion Kauffman Foundation, and the Ford Foundation.[32]




To date, the Missouri state team has reviewed indicators suggested by expert consultants as well as indicators in use in other states. The team also assessed existing measurement efforts in the state, like the Show-Me Results (old outcome measures), Governor Holden's new Missouri Results, and outcome results defined for the state's Community Partnerships.

Suggested indicators from that review were combined with data currently being collected as part of Missouri's School Entry Assessment Project (MSEAP). The MSEAP was structured around the five domains of child well-being previously discussed.

The team will continue to refine the list of indicators. Our goal is to have measures that are meaningful in the public policy discussion about school readiness. We must also have measures about which we can practically and reliably collect information.

## The Bottom Line

Dr. Peter McWalters, the Commissioner of the Rhode Island Department of Elementary and Secondary Education spoke at a 2002 meeting of the School Readiness Indicators Initiative. Dr. McWalters spoke about why early childhood education is vital to meeting education reform goals and closing gaps in achievement between low-performing and high-performing students.

He noted that our educational system is tied to economic demand. When the economy was industrial, it only needed high performance from 20% of the students. Thus, public education performed a 'sorting' function. Kids 'sorted' at kindergarten became a self-fulfilling prophecy. The system never worked for all children because it was never intended to work for all children. The new economy demands that all students be high-performing. Yet, there has been no fundamental 're-tooling' of the educational system. He noted that "we haven't paid the REAL bill but we have accepted the structure."[33]

Dr. McWalters was optimistic that we can educate, to high standards, any child that we choose. If we are to fulfill this promise, we must make a serious evaluation of our current system and design a new educational system that supports the needs of both our children and our changing economy. School readiness is the emerging tool.

The bottom line is that today's society demands that we do a better job of working with children before their first day of kindergarten. We can no longer afford to wait.

# PERSPECTIVE: Child Health

Good health is fundamental to a child's well-being. Good health care for children begins before birth, with good prenatal care. It includes access to regular and specialized care appropriate for the child's age. Care includes proper immunization, good nutrition and adequate medical, dental and mental health care. It can be delivered through a variety of means, including home visitation programs like Nurses for Newborns and Healthy Families, community clinics, service programs or via traditional medical facilities.

Medicaid is the primary government health insurance program for low-income families. Like most private health plans, Medicaid has shifted many of its customers into managed health care as the cost of reimbursing doctors and dentists for services they provided (fee-for-service) become increasingly expensive. Between 1991 and 1997, Medicaid enrollment in managed care plans nationwide increased from 9.5 percent to 47.8 percent of the total Medicaid enrollment.[34] Medicaid managed care has been administered for 7 years in Missouri. There is ongoing debate, at both the national and state levels, about the effectiveness of providing public health care through a managed care system.

Five years ago, the state extended Medicaid insurance benefits to all uninsured children living in families at or below 300% of the federal poverty levels through the Children's Health Insurance Program (SCHIP). In Missouri this is called MC+.

Many low-income families have difficulty accessing good care. In some cases, services simply don't exist in sufficient capacity. In other cases, families working in low-wage jobs may not receive health insurance benefits. Others may have some insurance coverage, but are underinsured, as is the case with many Missouri children needing intensive mental health services. In these instances, obtaining services may be unaffordable.

Health insurance coverage does not guarantee that families are aware of or practice proper health care prevention activities for their children. But children who have health insurance are more likely to get preventive care. Lack of access to health care services can keep chronically ill children from succeeding in school. Families who lack access to care also find that frequent illness in children can be a barrier to employment or a strain on their limited budgets.[35]

Good early health care requires committed investment and resources. An increasingly fragmented health care system makes it difficult for families and children to navigate access to appropriate services. Government policies should require a comprehensive approach that streamlines services, improves efficiency and is sensitive to the needs, culture and resources of the families served. Policies should not act merely as a patch, or series of patches on a leaky foundation.

### Child Health Indicators

- Increased percentage of children enrolled in MC+/Medicaid.
- Fewer children with elevated blood lead levels.
- More children receiving services for Serious Emotional Disturbance (SED).
- Immunization rate in public health clinics decreased.

### Health Outcomes for Children

- More children were born at low birthweight.
- Steady decrease in infant mortality.

### Related KIDS COUNT Outcomes

- Decrease in child deaths. (See Child Safety.)
- Decrease in violent teen deaths. (See Child Safety.)

## Related Missouri Priority Results

**Missouri is a Safe, Healthy Place to Live and Work**

- Increase percentage of births resulting in healthy birthweight babies.
- Decrease impact of chronic diseases.
- Success Predictors: mothers accessing prenatal care, mothers not smoking or abusing drugs during pregnancy, higher immunization rates, lower rates of chronic risk factors (smoking, obesity, etc.), Missourians with health insurance, Missourians not living in poverty, people with mental illness moving towards recovery.

## Interpretation

- The State Children's Health Insurance Program (SCHIP) greatly expanded eligibility for low-income families by allowing families with incomes up to 300 percent of the federal poverty level to apply for insurance for their children. While the percentage of children enrolled in MC+/Medicaid has grown, a number of eligible children are still not enrolled.
- Overall, more children are receiving immunizations through both public clinics and private settings suggesting that managed care may have increased access to preventive services for some families.

# Low Birthweight Infants

## Definition

his variable measures the percent of infants who weigh less than 2,500 grams (approximately 5.5 pounds) at birth. This includes term and pre-term infants. Data are aggregated, or combined, for five-year periods to provide more stable rates.

## Significance

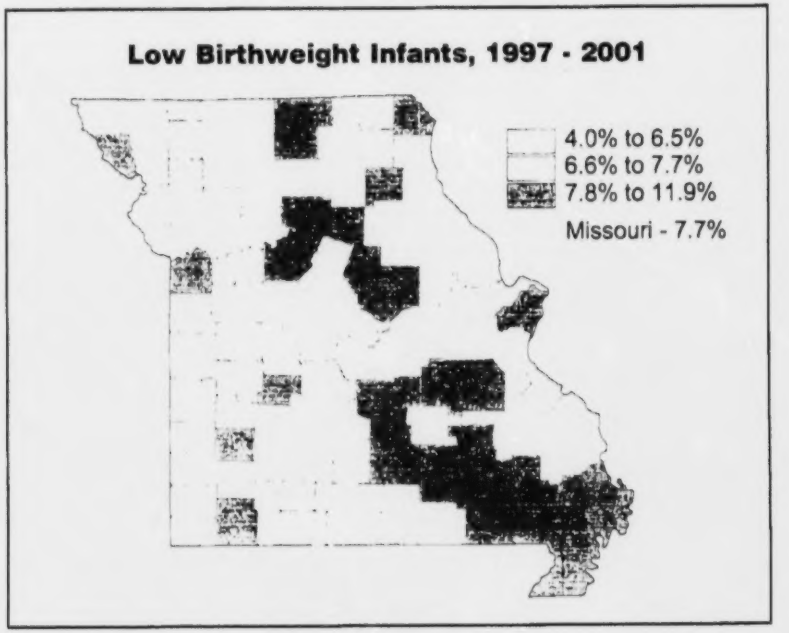
Babies born with low birthweights are at high risk for adverse outcomes and developmental problems throughout their lives. They are more likely than normal birthweight infants to have brain damage, cerebral palsy, neurological impairment and cognitive disorders. Almost half of these infants will enter special education at some point in their lives. Approximately 64% of all infants who die before their first birthday have low birthweights.

Caring for low birthweight infants is extremely costly. In Missouri, low birthweight infants comprise less than 8% of total births but account for 71% of all newborn expenditures. The usual newborn nursery cost is approximately $500, but medical expenses for a low birthweight infant can reach $15,000.[37]

## Missouri Findings

The low birthweight rate in Missouri has increased slightly since the mid-1980s. In 2001, 5,759 newborns had low birthweight. Women who lack adequate prenatal care or health insurance, and those who take fertility drugs, are at high risk of delivering low birthweight babies. In Missouri, 89.6% of mothers received adequate prenatal care in 2001. Of the women who gave birth and received no or inadequate prenatal care, 66.9% were Medicaid recipients.[38] Smoking during pregnancy is also linked to low birthweight.[39] In 2001, 18.3% of pregnant women reported that they smoked during their pregnancy. Of those who smoked, 20% began prenatal care after the second trimester.[40]

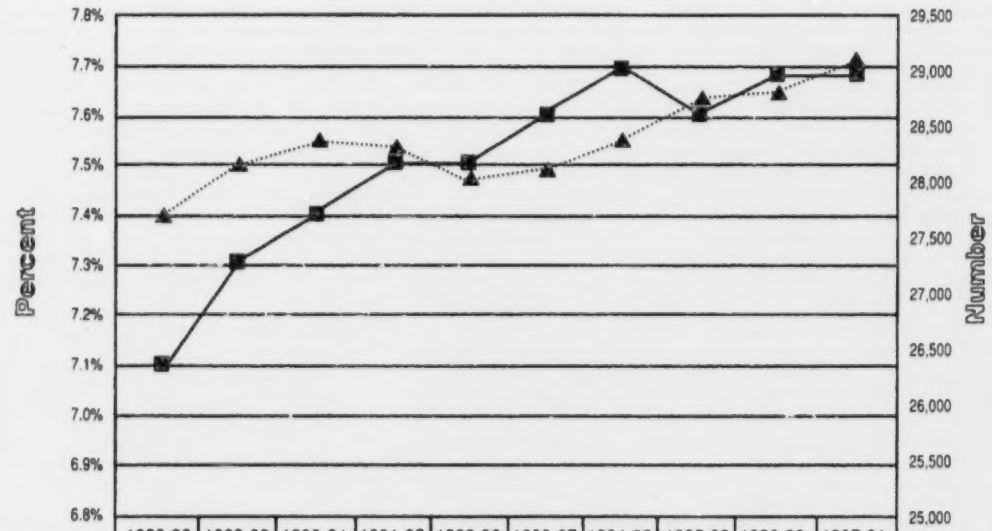
The Missouri Department of Health reports that more than half of the increase in low birthweight infants, between 1989 and 1999, was due to greater numbers of multiple birth deliveries, primarily associated with delayed childbearing requiring the use of fertility drugs or in vitro fertilization procedures. Another significant factor is the "increasing tendency of physicians to deliver babies early by artificial means…C-sections or induced labor."[31]




## County Findings

In two counties, Worth and Nodaway, the low birthweight rate was less than 5% during 1997-01. The counties with the highest rates were Wayne, Mississippi, Reynolds and Pemiscot and St. Louis City which all had rates 10% or above.

## Low Birthweight Infants, 1992 - 2001




| | 1988-92 | 1989-93 | 1990-94 | 1991-95 | 1992-96 | 1993-97 | 1994-98 | 1995-99 | 1996-00 | 1997-01 |
|---|---|---|---|---|---|---|---|---|---|---|
| % of Total Births | 7.1% | 7.3% | 7.4% | 7.5% | 7.5% | 7.6% | 7.7% | 7.6% | 7.7% | 7.7% |
| # of Low-weight Infants | 27,696 | 28,121 | 28,289 | 28,206 | 27,959 | 28,001 | 28,258 | 28,545 | 28,796 | 29,018 |

*Source: Missouri Department of Health*

### Preventive Factors

Ways to decrease the number of infants born at low birthweight include:

- Adequate and early prenatal care, maternal education, and nutritional services;
- Strong social support networks for pregnant women;
- Efforts that decrease births to teenaged girls;
- Programs that educate women about the dangers of drug, alcohol and tobacco use during pregnancy;
- Drug, alcohol and tobacco use prevention and treatment programs;
- Adequate spacing between pregnancies;
- Decreasing the number of unintended pregnancies.

### Racial Data

The percentage of minority babies born at low birthweight was 12.6%, almost double the Caucasian rate of 6.7%. Rates for Caucasian babies worsened slightly between 1992-96 and 1997-01, while the minority rate improved.

# Infant Mortality

### Definition

his variable measures the number of infants who die before their first birthday. The rate is expressed as deaths per 1,000 live births. Data are aggregated, or combined, for five-year periods to provide more stable rates.

### Significance

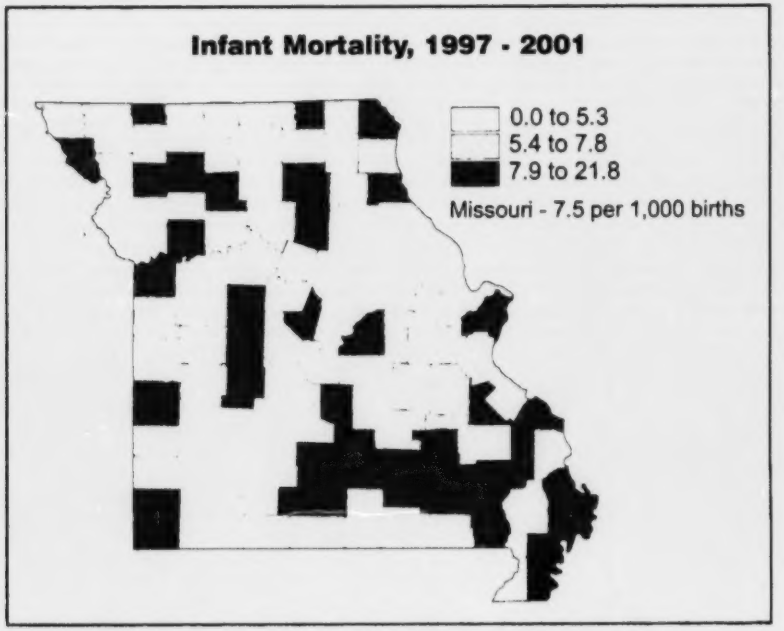
Children are most likely to die during their first year of life. Nationally, the leading causes of infant death in 1998 were congenital anomalies, disorders related to low birthweight and sudden infant death syndrome. Congenital anomalies were the leading cause of death for all race and ethnic groups, except for African American mothers. Among African American mothers, disorders relating to low birthweights were the leading cause of infant death.[42] In 2000, 57.0% of all Missouri children who died were under one year of age.[43]

The infant mortality rate goes beyond simple health considerations to encompass economic and safety issues as well. Many consider the infant mortality rate to be one of the defining measures of a society's well-being. Infants are more likely to die before their first birthday if they live in unsafe homes and neighborhoods or have inadequate nutrition, health care or supervision. In one recent study, the infant mortality rate for children born into poor families was 50% higher than the rate for children born into non-poor families.[44]

### Missouri Findings

The statewide infant mortality rate has declined steadily, but slowly, through the past 10 years. The combination of improved medical technology and public health outreach efforts has facilitated this improvement. In 2001, 555 infants died before their first birthday.

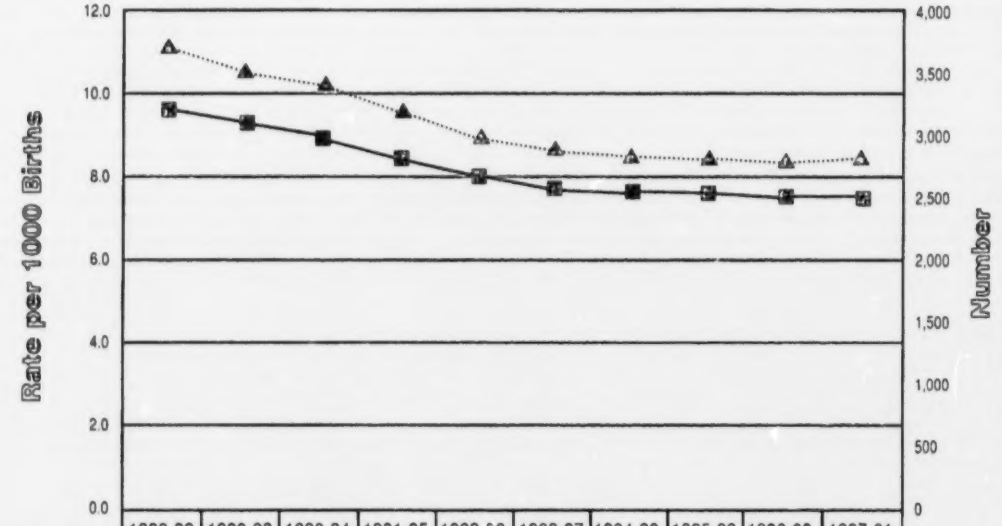
A recent study of sudden infant death syndrome (SIDS) showed that 20.4 percent of all SIDS deaths between 1995 and 1997 occurred in a child care setting. In Missouri, the rate for the same time period was 24.4 percent. Of those, one-third died during their first week in child care; half of the one-third died on their first day in care.[45]




### County Findings

There were no infant deaths between 1997 and 2001 in St. Clair or Mercer Counties. The counties with the highest infant mortality rates in this period were Holt, Livingston, Wayne and Osage with rates above 14.0 percent. Six other counties had rates above 10.0. Because of the extremely small number of deaths in most counties, even over a five-year period, rates and ranks should be interpreted with caution.

## Infant Mortality Per 1,000 Live Births, 1992 - 2001




| | 1988-92 | 1989-93 | 1990-94 | 1991-95 | 1992-96 | 1993-97 | 1994-98 | 1995-99 | 1996-00 | 1997-01 |
|---|---|---|---|---|---|---|---|---|---|---|
| Per 1,000 Births | 9.6 | 9.3 | 8.9 | 8.5 | 8.0 | 7.8 | 7.7 | 7.6 | 7.5 | 7.5 |
| # of Infant Deaths | 3,728 | 3,588 | 3,418 | 3,211 | 2,971 | 2,886 | 2,829 | 2,813 | 2,821 | 2,818 |

*Source: Missouri Department of Health*

### Preventive Factors

Ways to reduce the number of infant deaths include:

- Quality prenatal care for pregnant women and pediatric care for all infants immediately after birth;
- Education efforts regarding prevention and treatment of birth defects, neonatal drug addictions and AIDS;
- Public awareness of ways to reduce the chance of Sudden Infant Death Syndrome;
- Greater use of referral and information networks that provide information for parents on maternal and child health care;
- More education for parents and caregivers on proper infant development;
- Healthy home environments, including adequate housing and proper sanitation;
- Child abuse prevention efforts.

### Racial Data

The mortality rate for minority infants was 14.9 per 1,000 live births for 1997-01, more than twice the Caucasian rate of 5.9. Higher rates in the minority community are primarily due to the higher number of low birthweight babies born to minorities. Other factors include the higher proportion of teen births, less access to or lower utilization of prenatal care, and fewer births to married women. Rates for Caucasian babies improved between 1992-96 and 1997-01, but worsened slightly for minorities.

# PERSPECTIVE: Child Safety

hild safety is another aspect of child well-being. Injuries, both intentional and unintentional, are the leading cause of death for children between the ages of 1 and 19. Nationally, unintentional injury deaths represent two-thirds of the deaths to children and youth. In 1996, the cost of these injuries is estimated at $81 billion when accounting for present and future work loss to premature death or long-term disability, medical spending and other resource costs. Most of these injury deaths can be prevented through proven interventions that include: education; environmental or product modification (car seats, bicycle helmets, smoke detectors); and better enforcement of legislation or regulations related to child safety.[46]

Intentional injuries occur when there is intent to harm. They include injuries that occur as a result of violence or abuse. Strategies for preventing these types of injuries are different from the strategies employed to prevent unintentional injuries and they are not as well understood.[47]

Children who are abused or neglected are the least secure. For the most part, neglect is unintentional and abuse is intentional. However, both constitute the unacceptable treatment of children.

## Child Safety Indicators

### Safety Outcomes for Children

- Decrease in rate of child deaths.
- Overall increase in child abuse and neglect cases: decrease in rate of confirmed reports of child abuse and neglect (probable cause) and increase in rate of cases with the family assessment protocol.
- Out-of-home placement shows a slow but steady increase in the 1990s, but has risen more sharply in 2000 and 2001. In state fiscal year 2001, there were 18,622 children in the custody of the Division of Family Services.

### Related KIDS COUNT Outcomes

- Teen violent deaths have decreased overall since 1994 but rose in 2001. In 2001, 55.5% of teen violent deaths were motor vehicle crash victims, 22.4% were homicide victims, and 13.7% were suicides. (See Adolescent Success.)

### Related Missouri Priority Results

Missouri is a Leader in Education

- Success Predictors: parents participating in Parents as Teachers program; children not abused or neglected.

Missouri is a Safe, Healthy Place to Live and Work

- Decreased rates of crimes against persons.
- Decreased impact of chronic diseases.
- Increased life expectancy.
- Success Predictors: higher immunization rates, lower rates of chronic risk factors, Missourians with health insurance, Missourians not living in poverty.

### Interpretation

- Implementation of the family assessment protocol has connected more families to services. It is unclear whether this means that more families need services or that outreach to families and access to services is improving. Better access to services may prevent some family situations from escalating into cases of substantiated abuse.
- In 2001, the number of new entries into out-of-home placement climbed, while the rate of probable cause child abuse cases fell. It is likely that we are seeing a change in the way we define "probable cause" rather than an improvement in child safety.
- These conflicting data make it difficult to determine whether children are safer or not.

# Deaths of Children, Ages 1-14

### Definition

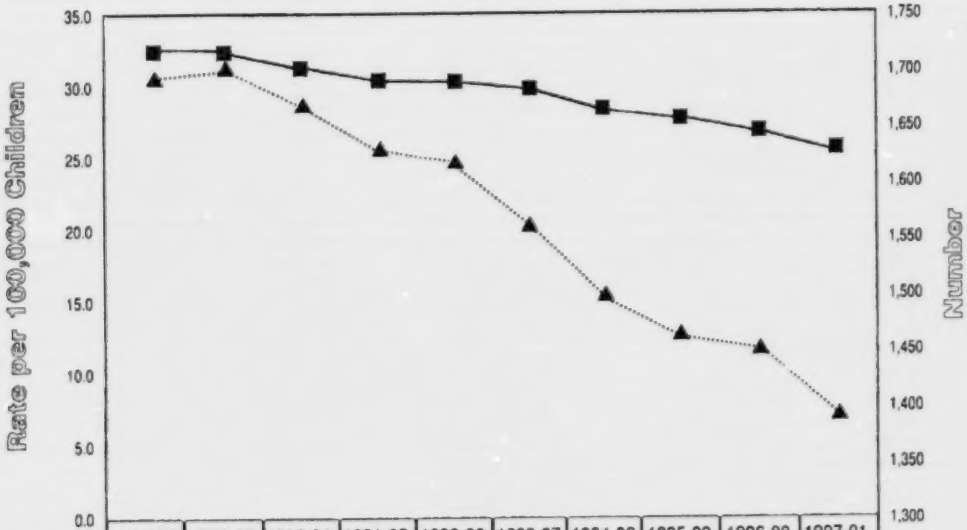
This variable measures deaths of children ages one through fourteen from all causes. The rate is expressed per 100,000 children of that age. Data are aggregated, or combined, for five-year periods to provide more stable rates.

### Significance

Child mortality has declined steadily in this century as a result of improved sanitation and medical practices. Between 1960 and 1990, child mortality rates dropped sharply due to improvements in preventing and treating infectious diseases.[48]

The improvements in child deaths have not occurred evenly across racial and ethnic groups. African American children continue to have more than twice the risk of white children. Research suggests that these disparities "have more to do with the structural conditions of whole communities than with susceptibilities or behaviors of particular individuals."[49]

**Deaths of Children, 1992 - 2001**




| | 1988-92 | 1989-93 | 1990-94 | 1991-95 | 1992-96 | 1993-97 | 1994-98 | 1995-99 | 1996-00 | 1997-01 |
|---|---|---|---|---|---|---|---|---|---|---|
| ■ Per 100,000 Children | 32.7 | 32.5 | 31.3 | 30.4 | 30.2 | 29.0 | 27.9 | 27.2 | 26.5 | 25.2 |
| ▲ # of Child Deaths | 1,694 | 1,700 | 1,667 | 1,623 | 1,616 | 1,560 | 1,508 | 1,467 | 1,450 | 1,389 |

*Source: Missouri Department of Health*

### Missouri Findings

The child death rate has improved slightly since the beginning of the decade. In 2001, 260 children died in Missouri. More detailed data, available for 2000, shows that approximately 45.8% of deaths in this age group were attributable to illness or natural causes. There were 15 homicide deaths and 8 suicide deaths among children aged 1-14 in 2000. Firearms were related to 9 deaths in this age group; 4 were unintentional.[50]

### Children with HIV/AIDS

The Department of Health confirmed four new cases of HIV infection and one new AIDS case for children under the age of 13 in 2001. A total of 102 children under 13 have been diagnosed with HIV/AIDS since 1982.[51]

### Unintentional Injuries

Unintentional injuries were responsible for the deaths of 130 Missouri children, age 1-14, in 2000. These deaths included motor vehicle accidents, drownings, burns, accidental strangulation and unintentional firearm deaths. These accidents are also the leading cause of child hospitalization. "For every child who dies from a preventable injury, 40 others are hospitalized and 1,120 are treated in emergency rooms. The difference between a fatal and nonfatal event is often

only a few feet, a few inches, or a few seconds."[52] The total cost of unintentional injuries to children in the United States in 1997 was more than $127.4 million.[53]

### County Findings

Because of the extremely small number of deaths in most counties, even over a five-year period, this measure is not used to calculate the composite county rank. Rates should be interpreted with caution.

### Preventive Factors

Proper immunization protects children from deadly or complicating diseases such as whooping cough, measles or polio. Missouri tracks the percent of two-year old children seen at public health clinics who are properly immunized. This rate declined from 89.0% in 1997 to 77.9% in 2001. We do not know the percentage of children who are properly immunized through private providers, since they do not report this information.

Other ways to reduce the number of child deaths include:

- ☐ Quality, affordable health care systems that emphasize prevention of disease and unintentional injuries;
- ☐ Attention to the linkages between community conditions and child health outcomes;
- ☐ Programs that reflect local realities and cultural diversity;
- ☐ Programs that ensure proper child nutrition, including WIC and free/reduced price school breakfast and lunch;
- ☐ Firearm safety measures such as trigger lock mechanisms;
- ☐ Proper and consistent use of car seats and bicycle helmets;
- ☐ Access to safe playgrounds;
- ☐ Adequate and safe housing that is free from lead paint and other toxins;
- ☐ Education on child development;
- ☐ Parents and educators with greater awareness of warnings that suggest suicidal tendencies in children.

### Racial Data

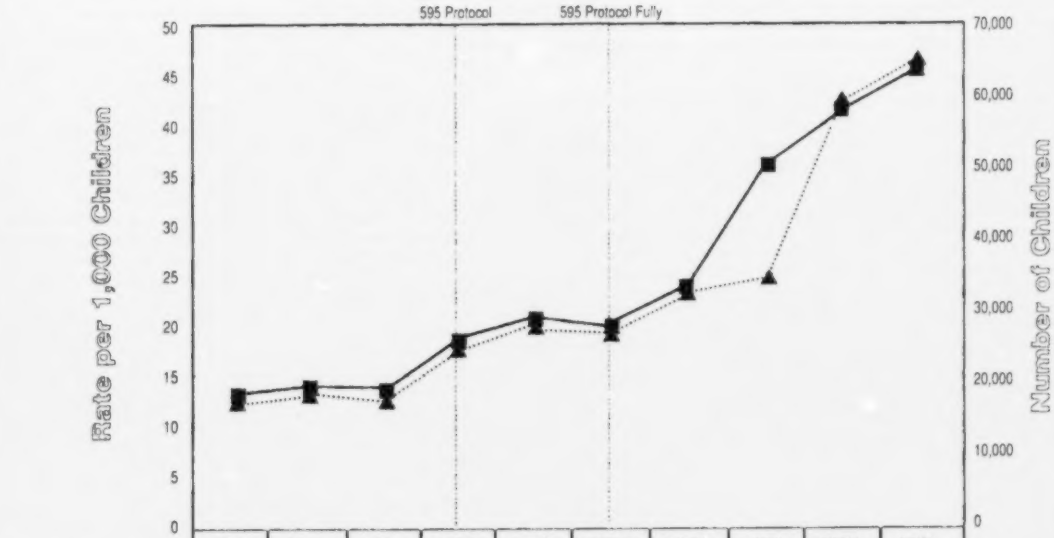
The 1997-01 aggregate death rate for minority children was 30.7 per 100,000, compared to 23.7 for Caucasian children. Children in both groups were most likely to die from unintentional injuries and illness. Among violent deaths in this age group, minority children were most likely to die from homicide and Caucasian children were most likely to die in motor vehicle accidents. Rates for both groups of children improved between 1992-96 and 1997-01.

# Child Abuse and Neglect

## Definition

This variable measures the number of children receiving some attention from the Missouri Department of Social Services, Division of Family Services, as the result of a report of abuse and neglect. After a report of suspected abuse or neglect has been made, investigations that return sufficient evidence supporting the report are classified as probable cause child abuse and neglect. (See later section titled *How Missouri Responds to Abuse and Neglect Reports*.) Other cases follow a family assessment protocol. This variable is a combination of the number of probable cause cases and the number of family assessment cases. In Missouri, the rate is expressed per 1,000 children.

**Child Abuse and Neglect, 1992-2001**




| | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |
|---|---|---|---|---|---|---|---|---|---|---|
| ■ Per 1,000 Children | 12.7 | 13.7 | 13.4 | 17.6 | 19.9 | 18.0 | 22.6 | 35.6 | 42.0 | 45.4 |
| ▲ Number of Children | 17,906 | 18,419 | 18,388 | 24,382 | 27,732 | 25,300 | 31,790 | 34,083 | 59,988 | 64,886 |

*Source: Missouri Department of Social Services*

## Significance

Children who are abused or neglected are damaged physically, mentally, socially and emotionally. Even if they escape serious injury, they are at higher risk for many negative outcomes, including adolescent pregnancy, substance abuse, juvenile delinquency and academic failure. Young children who are abused are more likely than other children to be socially withdrawn or physically aggressive.[54]

When abused children commit crimes, they are more likely than other children to become chronic and serious offenders. A U.S. Department of Justice survey found that 68% of youths that had been arrested had a prior history of abuse or neglect.[55]

Children are at highest risk for abuse and neglect when they live in families where the parents were abused as children, suffer from mental illness or have a history of criminal activity or substance abuse. Adults who abuse children often have poor coping or problem solving skills, and are socially isolated. Many are experiencing external stress, such as marital discord, work instability or poor living conditions. A mother's education is also linked to increased incidence of child abuse. If a child's mother has finished high school the child is about 50% less likely to be a victim of abuse or to be placed in foster care.[56]

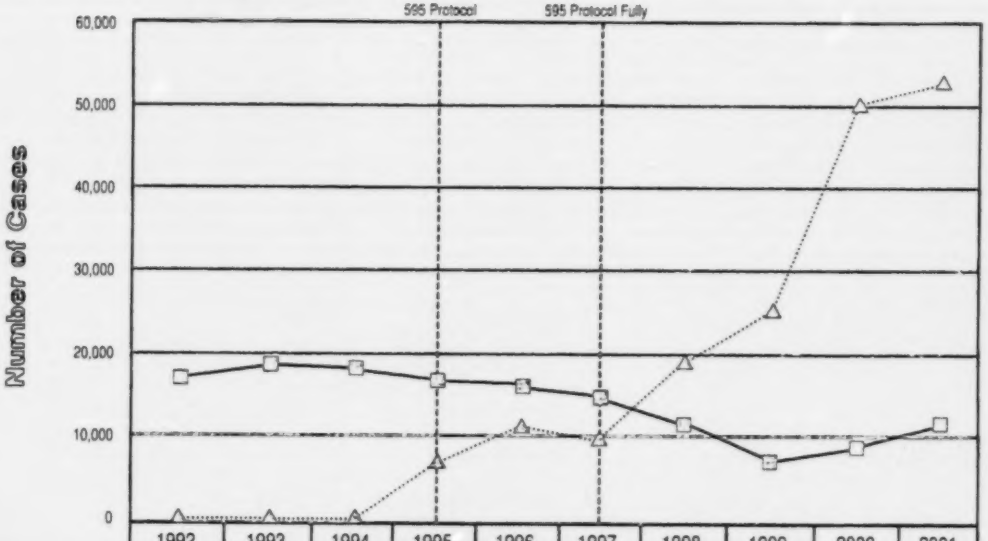
There is also a high risk of abuse for children living in families who experience domestic violence. When violence is present in the home, children are more likely to become victims of abuse and to learn patterns of behavior that are violent.[57]

It is extremely difficult to estimate the number of abused and neglected children. Official child abuse and neglect counts give us an incidence rate but that only captures the cases of abuse and neglect that are reported to child welfare agencies each year. They do not represent the true number of abused and neglected children in Missouri (known as the prevalence rate) because only a fraction of abuse

cases are ever brought to the attention of a child welfare agency.[58] A national incidence study by the U.S. Department of Health and Human Services found that the true frequency of child abuse and neglect could be as much as three times higher than the numbers confirmed by authorities.[59] While there is also some anecdotal evidence of people, often non-custodial parents, reporting abuse or neglect as a way of harassment, the volume of this "over-reporting" is not likely to offset the "under reporting" discrepancies that exist between prevalence and incidence reports. At worst, they would equal the total number of calls deemed unsubstantiated, a small fraction of the total reports received.

In general, people are reluctant to or uncertain of how to intervene in the relationship between a parent and child. This ambivalence is reflected in our public policies. Although state child welfare systems are, by definition, "government intervention to stop actions by parents or caregivers that seriously harm children,"[60] they are constantly challenged to address the needs of families. Some child advocates feel that the government does not intervene enough while other constituencies believe there is already too much public interference in private family matters. Realizing that a one-size-fits-all approach is not helpful, Missouri policy provides for a variety of responses to reports of abuse and neglect, depending on the severity of the allegation.

## Child Abuse and Neglect by Type of DFS Response, 2001




| | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |
|---|---|---|---|---|---|---|---|---|---|---|
| □ Probable Cause | 17,906 | 18,419 | 18,388 | 17,783 | 17,145 | 15,687 | 12,675 | 8,594 | 9,944 | 11,397 |
| △ Family Assessment | 0 | 0 | 0 | 6,599 | 10,587 | 9,613 | 19,115 | 25,489 | 50,044 | 53,489 |

*Source: Missouri Department of Social Services*

### Missouri Findings

The rate of probable cause child abuse and neglect in Missouri decreased between 1992 and 2000. In 2001, there were 57,723 reports of child abuse and neglect to the Division of Family Services, involving more than 89,117 children. From these reports, 11,317 children were confirmed as abused or neglected. Of these children, 44.9% were neglected, 24.5% were victims of physical abuse and sexual abuse was found in 22.3% of confirmed cases. The rest of the substantiated children were categorized as emotional maltreatment (7.3%), educational neglect (3.3%) and medical neglect (3.2%). More than one-third of the child abuse victims were less than six years old.[61]

In all, 84.6% of these children were abused or neglected by a parent or someone within their family including a parent's paramour, stepparent, grandparent, sibling, adoptive parent or other relative. Another 2.8% of incidents occured while the child was in the care of others, including child care providers, foster parents, institutional staff or school personnel. The rest were abused/neglected by unknown persons, themselves or other.[62]

### How Missouri Responds to Abuse and Neglect Reports

The decrease in probable cause child abuse and neglect victims in Missouri is partially attributable to the SB595 protocol. This protocol began in 1995 with sixteen pilot sites around the state and covered the entire state by 1999. Under this new protocol, hotline calls that involve allegations of less severe abuse or neglect are assigned to "Family Assessments." These cases utilize a different approach, based on assessing the family's strengths and determining the services needed to

improve the child's safety. Family assessments are resolved with determinations of "services needed," "services not needed," or "non-cooperative/child safe" instead of the traditional investigation findings of "probable cause" or "unsubstantiated." Traditional investigations are still conducted in allegations of severe abuse or neglect. In 2001, 53,181 children were referred for a Family Assessment instead of an investigation.[63]

There is wide variation among counties in deciding which reports are investigated and which are assigned to Family Assessment. This makes comparison across counties extremely difficult. The Division of Family Services is introducing the use of a structured decision-making model that should reduce this disparity.

Because of this change in reporting categories and variations across counties, it is impossible to determine if child abuse is truly decreasing in Missouri. Reporting on probable cause cases alone, as reflected in prior year's Kids Count Data Books, no longer gives a complete picture of abuse and neglect in Missouri.

### County Findings

Counties with less that 28 abuse and neglect cases per 1,000 children included St. Louis County, Andrew, Christian, St. Charles and Douglas. There were eight counties with rates over 70 per 1,000: Dent, Crawford, St. Louis City, Henry, Jasper, Buchanan, Carter and Wayne. Rates should be interpreted with caution because of the changes in reporting, particularly when using data prior to 1995, when there was no family assessment protocol. As a result, this measure is not used to calculate the composite county rank.

### Child Abuse and Neglect Fatalities

In 2001, 49 children died as a result of probable cause child abuse or neglect. Most (76.0%) of the children who died as a result of abuse or neglect were less than five years old, and 44.8% were one year old or younger. Almost two-thirds (63.3%) of these children were physically abused while 59.2% were neglected. Medical neglect (12.2%), emotional maltreatment (8.2%) and sexual abuse (2%) contributed to some cases.

### Shaken Baby Syndrome

Shaken/impact syndrome (more commonly referred to as "shaken baby syndrome") was directly responsible for the death of five young children in 1997, ten in 1998, seven in 1999 and eight in 2000.[64] Shaking a baby may also result in permanent speech, hearing or visual impairments. A recent study funded by the Children's Trust Fund found that over a five-year period, Missouri spent an average of almost $32,000 per child in medical costs to care for shaken baby syndrome survivors. These cost estimates do not include private (personal or commercial) insurance costs or educational costs for special services that may be required as a result of developmental delays or brain damage caused by shaking.[65]

### Preventive Factors

Workers who perform Family Assessments identify services needed by the family that could positively impact the family's frustration and decrease the chances of recurring or escalating abuse or neglect. The services most commonly identified as necessary in 1998 were mental health, parenting education, child care, health care, juvenile/family court, shelter, employment and education.

Other ways to prevent "probable cause" child abuse and neglect include:

- Home visitation programs that provide parent education regarding child development and alternative methods of discipline, health screenings and family support;
- Parent and caretaker education programs that document the tragic results of shaking babies and provide constructive, safe ways to soothe crying babies;
- Social supports for families to help parents understand the stresses they experience and provide them with the necessary tools to cope effectively, including stress and anger management training and the use of crisis nurseries;
- Public education efforts regarding risk factors involved in child abuse, including poverty and unemployment, violence in the neighborhood, social isolation, and fragmented human services;
- Local and statewide child abuse prevention training programs and community outreach;
- Substance abuse prevention and treatment programs;
- Better assessment of family violence by educators, social service workers and health professionals;
- Increased community awareness of the issue and willingness to provide support to at-risk families.

### Racial Data

The child abuse and neglect rate for minority children was 51.0 per 1,000 children in 2001, markedly higher than the Caucasian rate of 44.1.

# Out-of-Home Placement Entries

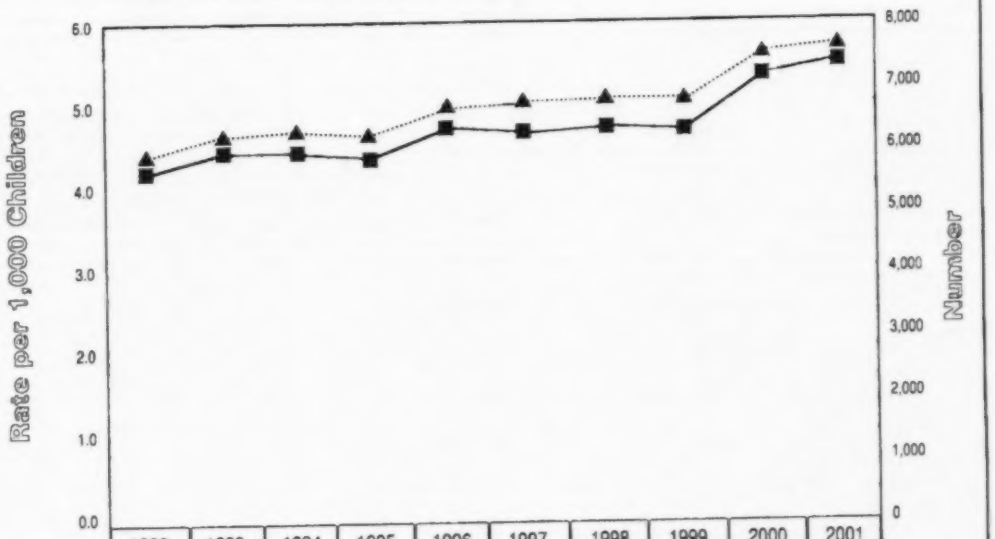
## Definition

This variable measures the number of children, in the legal custody of the Division of Family Services (DFS), who enter Missouri's "alternative care" system because of severe abuse, neglect or other family disruption. The rate is expressed per 1,000 children. These children may be placed in foster homes, group homes, relative care or residential care institutions.

This measure includes children placed by the Missouri Department of Social Services, Division of Family Services only. It does not include children who are in out-of-home settings supervised by the Division of Youth Services, the Department of Mental Health or the Juvenile/Family Court system for juvenile justice or mental health reasons. It does not include the number of children who remain in foster care.

This measure is open to multiple interpretations. Increases in out-of-home placement rates may suggest that more children are living in unsafe homes or that attempts to improve the family environment are meeting with less success. Or, it may suggest that fewer children remain in dangerous situations. If those children are placed in stable, loving environments they may be safer than children left in the home. Thus, it is difficult to equate out-of-home placement rates with how well a county is caring for its children.

**Out-of-Home Placement Entries, 1992 - 2001**




| | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |
|---|---|---|---|---|---|---|---|---|---|---|
| ■ Per 1,000 Children | 4.2 | 4.5 | 4.5 | 4.3 | 4.8 | 4.7 | 4.8 | 4.8 | 5.3 | 5.4 |
| ▲ # of Entries | 5,691 | 5,987 | 6,218 | 5,972 | 6,633 | 6,647 | 6,749 | 6,705 | 7,515 | 7,682 |

*Source: Missouri Department of Social Services*

## Significance

Many of the children who are removed from their homes are experiencing abuse, neglect or disruption that is profound. They must be considered at even higher risk for many of the adverse outcomes faced by all abused children.

Nationwide, there are an estimated 588,000 children in foster care. The goal for most of these children (43%) is reunification with their family. Goals for approximately 20% of children foster care are adoption and guardianship (4%). An additional 17% do not have a goal set for their case. The balance of the children are expected to live with another relative, be in long term care or achieve emancipation. Average stays for those exiting foster care were 20.6 months,

with adoptable children averaging 33 months in care and 45 months waiting for finalization of their adoptions. Children in care are disproportionately minority children: African American children accounted for 38% of the foster care population and 43% of the children awaiting adoption although African American people are only 12%-15% of the total population.[66]

### Missouri Trends

In 2001, 7,682 children entered the out-of-home placement system. The overall rate increased between 1992 and 2000, fluctuating in the early 1990s, and rising steadily since then. Once children enter the system, many exit quickly, but others remain for long periods. There were a total of 18,622 children in Division of Family Services custody during fiscal year 2001 and the average length of stay was 24.6 months. Children often move from one placement to another while they are in alternative care. At the end of fiscal year 2001, the average number of placements for children in care was 3.14. Children in care in Worth County had the lowest average number of placements, at 1.5 and Mercer had the highest average at 6.23.[67]

Child abuse or neglect, and related factors, accounted for approximately two-thirds of the initial placement reasons documented by Division of Family Services workers in 1997. Children may also enter out-of-home care because of other family dysfunction or disruption factors. In 1997, other reasons for placement included: beyond parental control/voluntary relinquishment or status offender (9%), parent incarceration (5%) and child previously placed with relative (5%).

The state has shown a steady increase in the number of finalized adoptions. In fiscal year 1997, 631 adoptions were finalized while 1,221 adoptions were finalized in fiscal year 2001.[68]

### County Trends

Because of the ambiguous nature of this measure, county rankings should be interpreted with caution.

### Preventive Factors

Factors that prevent the occurrence of child abuse and neglect will also prevent the need for out-of-home placement entries. Ways to decrease the length of placement or prevent re-entry into placement include:

- More timely decisions about whether a child can return home or be freed for adoption, including concurent planning;
- Stable living situations, including foster and adoptive homes;
- Protocols such as Missouri's Family Centered Out-of-Home Care that use family support teams to target the family and their network of support to address the specific factors that resulted in the child's removal from the home;
- Reunification services that support children and families through the transition period when children first return home;
- Safe, affordable homes to prevent placements that occur primarily because of inadequate housing;
- Greater access to parenting education in child development, appropriate discipline techniques and other parenting issues.

### Racial Data

Minority children were more likely to enter out-of-home placements than Caucasian children (7.5 vs. 4.8 per 1,000) in 2000. The rate for Caucasian children rose, while the rate for minority children decreased between 1997 and 2001.

# PERSPECTIVE: Adolescent Success

During their teenage years, young people make a number of decisions that affect their transition to adulthood. Teens are more likely to make a successful transition to adulthood when they: choose to stay in school; delay sexual activity or use a contraceptive; and avoid excessive risks, like driving under the influence of drugs or alcohol.

When making these choices, a teen will use decision-making skills that reference their own childhood experiences and the experiences of their peers. Good decision making skills are learned through a coordinated and progressive series of experiences that help youth become physically, cognitively, socially, and emotionally competent.[69] They will also make choices based on their sense of academic competence and control. When youth are able to identify their own interests, build skills, experience successes and set life-defining goals, youth have a solid investment in their future that will affect their decisions. Finally, when adolescents have a positive relationship with one or more adults, they are likely to make better choices.

Positive developmental activities can happen at home, in programs, in classrooms, in community centers, in places of worship, at museums, and places of recreation. Youth can have a guiding, caring relationship with family members, teachers, youth workers, peers, mentors, spiritual leaders and civic leaders.

Yet, far too many teens make choices that lead to reduced potential or even death. Dropping out of high school is closely linked to teen pregnancy as female dropouts are more likely to become teen parents and pregnant teens are more likely to drop out of school. In either case, the economic impact is dramatic. High school dropouts are three times as likely to be poor. Teen mothers have half the lifetime earnings of women who wait until age 20 to bear children.[70] Approximately half of the U.S. prison population are dropouts.[71] Risk-taking behavior includes: premature and/or unprotected sexual activity that may lead to sexually transmitted disease including HIV/AIDS; use of tobacco, alcohol or drugs – generally referred to as substance abuse; violent behavior like fighting or access to firearms and dangerous driving practices that can lead to life-long injury or death. Motor vehicle accidents are the leading cause of violent death among Missouri teens.

While moderate risk-taking is expected in adolescence, some teens choose to engage in overly dangerous behavior. When assessing Missouri youth's likelihood of success, it is important to understand that there are risk factors that can diminish the chances of success, as well as protective factors that can limit or even block the negative influences of risk factors. A variety of measures exist to assess the level of youth development in the state. Each focuses on a specific set of risk and protective factors. The annual Youth Risk Behavior Survey (YRBS) focuses on youth risk with no emphasis on positive behaviors. It does, however cover a wide range of risk factors including seat belt use, level of exercise, violent tendencies, substance abuse, sexual activity and dietary behaviors. Another instrument, the Safe and Drug Free Schools and Communities Survey, assesses substance abuse and violence. Missouri's Department of Mental Health, conducts the Missouri Student Survey (MSS). The MSS looks at risk and protective factors in the community, the school, the family and at factors attributable to the peer group or individual. Some examples of protective factors include: opportunities for/rewards for conventional involvement in community, school and family; and social skills and belief in the moral order for self and peers.

One of the most critical times for youth development is after school. Without a caring adult involved during that time (which is almost half of their day) they may engage in personally or socially destructive activities. "Teens left alone during non-school hours are more likely to engage in sexual intercourse, alcohol or drug abuse, smoking, violence, and gang-related behavior."[72] Students participating in extracurricular activities one to four hours per week are 49% less likely to use drugs and 37% less likely to become teen parents than students who don't participate in such activities.[73] Youth all over the state report the need for additional opportunities in their communities.[74]

There is also new evidence that welfare reform has had a negative impact on some teens. When new welfare laws were passed in 1996, much concern was

expressed about the possible impact on very young children but relatively small concern that the new work requirements would affect older children. However, three recent evaluations suggest that there is some negative impact in particular families. All three studies showed decreases in teens' academic achievement and increases in negative behavior like drinking, smoking and delinquent activity. Negative results were found primarily in families who were shorter-term welfare recipients and who had more past work experience. Researchers believe that these negative outcomes are due to: declining quality in the parent-teen relationship; less parental monitoring; and a shift in the teen's role within the family. They suggest that public policy attend to: minimizing family change during the transition from welfare to work; more after school activities; balancing teen work hours; parental guidance; and additional child care support to minimize the amount of time parents rely on teens to care for younger siblings.[75]

No single formula will work best for every youth. Our public policy should provide each youth with the selection of opportunities and experiences that will lead them into successful adulthood. In some cases we cannot avoid focusing on treatment or intervention but it is most important to focus on preventing negative outcomes and providing positive opportunities for growth. That combination is required for adolescent success.

## Adolescent Success Indicators

- Juvenile law violation referrals, ages 10-17, are falling.

## Adolescent Success Outcomes

- Fewer high school dropouts.
- Fewer births to teens.
- Fewer violent teen deaths.

## Related KIDS COUNT Outcomes

- Births to mothers without a high school diploma dipped slightly. (See Economic Security.)
- Slight increase in the number of low birthweight babies. (See Child Health.)
- Slight drop in infant mortality. (See Child Health.)

## Related Missouri Show-Me Results

**Missouri is a Leader in Education**

- Increase percentage of 18-year-olds with a high school diploma or GED.
- Increase percentage of students scoring proficient or higher on MAP tests.
- Success Predictors: high quality teachers, school attendance, youth involved in extracurricular and community activities, teens not getting pregnant, students without substance abuse.

**Missouri is a Safe, Healthy Place to Live and Work**

- Decrease rates of crimes against persons.
- Decrease rates of crimes against property.
- Success Predictors: few repeat offenders (recidivism rate), less juvenile crime.

## Interpretation

- Babies of teen mothers are more likely to die in their first year or to be born at low birthweight; reductions in teen births contributes to reducing infant mortality and low birthweight in this age group.[76]
- Dropping out of high school decreases the earning potential of teens. It makes financial sense to encourage teens to stay in school or to complete high school through alternative means.[77, 78]

# Annual High School Dropouts

## Definition

This variable measures the number of students enrolled in public high schools who left school without graduating during the school year. The rate is expressed as the percent of enrolled high school students. The formula used to calculate the rate accounts for transfers in and out of a school district. It does not include students who drop out of school but eventually earn General Education Development (G.E.D.) certificates.

It is important to note that district superintendents provide dropout information. Criteria for how dropout data is calculated and entered may differ from district to district. Superintendents can also change dropout data for up to ten years. That means dropout rates reported this year may not match data presented in earlier years.

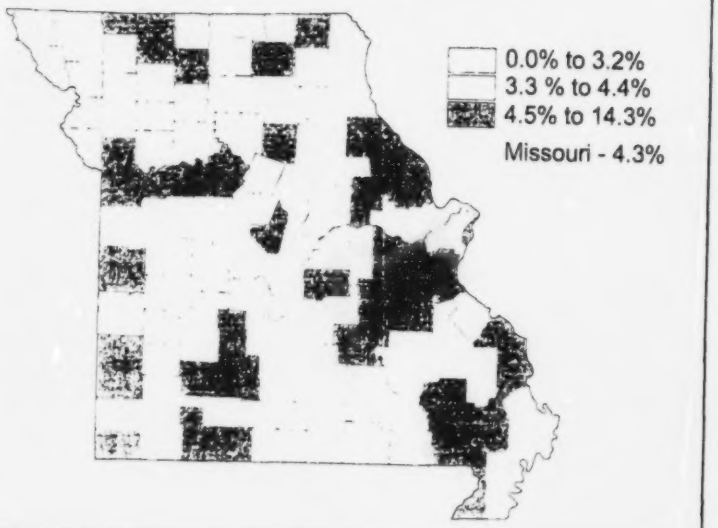
## Significance

High school dropouts are three times as likely to slip into poverty as those who finished high school; they make up nearly half of the heads of households receiving public assistance.[79] Between 1973-1997, the average hourly wage for high school dropouts decreased 31% when adjusted for inflation. Economic prospects for dropouts will be even gloomier as more jobs require advanced skills and technical knowledge.[80]

High school dropouts are at risk for other negative outcomes like becoming a teen parent or spending time in prison. The children of dropouts are much less likely to graduate themselves, perpetuating a cycle of diminished opportunities.[81] One-third of these children whose parents did not complete high school must repeat a grade. They also require special services and are suspended or expelled more frequently.[82]

Youth may be tempted to drop out of school if they live in communities where a large number of service jobs are available. Unfortunately, most of these are low-paying jobs with few opportunities for advancement. The immediate economic return will be offset by a decrease in future earnings.[83]

**Annual High School Dropouts, 2001**




Not all youth drop out of school and become employed. In Missouri, 6% of teens are not in school and not working.[84] These youth are often called "idle" or "disconnected" teens. These teens are "disconnected from the roles and relationships that set most young people on pathways toward productive adult lives."[85] Disconnected young women are more likely to rely on public assistance, while young men are more likely to spend time in jail.[86] Idle youth may be or become homeless, compounding their disadvantage.

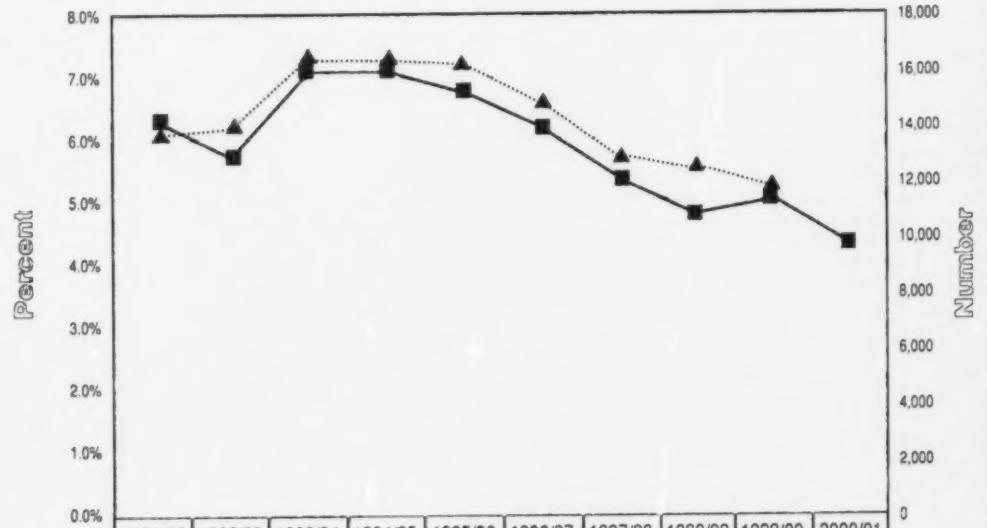
These youth may have been disconnected long before high school. Children who move four or more times during their childhood are more likely to drop out than less mobile children. Missouri defines "high mobility" as more than 25% of students transferring in or out during the school year. In 2001, the state average for student mobility was 28.1%.[87] Only one in twenty school districts experienced high mobility in 1988. By 1997 one in four schools reported this level of transfers. Higher mobility rates were more likely in districts with higher rates of child poverty.[88]

Another aspect of this disconnection is apparent in a recent study of drop out prevention programs. "Dropping out of school is easy. Students who have done it say they simply stopped going to school one day. Some said they dropped out because they thought school principals or teachers wanted them to. Others said they dropped out because of circumstances beyond their control. Either way, they may have encountered little resistance from others around them."[89] To remain in school, youth must have access to caring adult models, responsive schools and supportive communities.

## Missouri Findings

The dropout rate increased between the 1992 and 1994 school years but has declined since then, with a slight upturn in 2000. There were 11,071 dropouts in the 2000/01 school year. Another important measure of school achievement is the graduation rate, or the percentage of ninth graders who complete high school four years later. In 2001, four-fifths (83.2%) of students graduated with their peers. The graduation rate increased between the 1997 and 2001 school years.

**Annual High School Dropouts, 1992 - 2001**




| | 1991/92 | 1992/93 | 1993/94 | 1994/95 | 1995/96 | 1996/97 | 1997/98 | 1998/99 | 1999/00 | 2000/01 |
|---|---|---|---|---|---|---|---|---|---|---|
| ■ % of Total Enrollment | 6.3% | 5.7% | 7.1% | 7.1% | 6.8% | 6.3% | 5.3% | 4.8% | 5.0% | 4.3% |
| ▲ # of Dropouts | 14,088 | 14,250 | 16,752 | 16,707 | 16,679 | 15,551 | 13,363 | 12,457 | 11,807 | 11,071 |

*Source: Missouri Department of Elementary and Secondary Education*

The Missouri Department of Elementary and Secondary Education estimates that approximately half of the students who drop out of school eventually achieve their G.E.D. certificates.

## County Findings

Less than 2% of enrolled students dropped out of school in Ripley, Shelby, Chariton, Douglas, DeKalb, Shannon, Livingston, Clark, Gasconade and Andrew Counties in 2001. In 2001, in Grundy and Stoddard counties and in St. Louis City, 8% or more students dropped out of school. County graduation rates in 2001 ranged from 55.0% in St. Louis City to 100.0% in Platte and Stoddard Counties.

## Children with Disabilities

Dropout rates are substantially higher for children with disabilities. In 2001, the dropout rate for children receiving special education services was nearly twice as high (7.57%) as the overall rate (4.3%). Graduation rates for these children were also substantially lower that for all other children. See chart below.[90]

## Preventive Factors

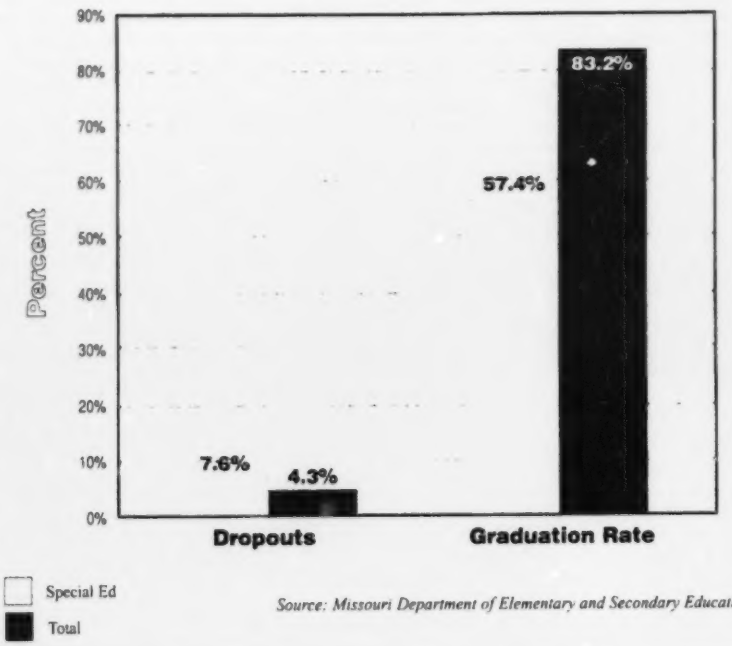
Ways to improve high school dropout rates include:

- Adequate preschool and early education programs that help prepare students to learn;
- Greater attention to literacy in general with an emphasis on early literacy;
- Early identification and monitoring of students who may be at-risk for learning and development problems;
- Instructional practices and curricula that are tailored to the individual needs of each student;
- Identification of those students who may be experiencing personal and family problems, and providing them with on-site health and social services;
- Services to children with disabilities, especially children with behavior disorders;
- Teachers who are able to identify and address cultural differences to reduce the high dropout rates of minority students;
- Programs that combine education with real-life, hands-on learning and involve students in the community by providing after school activities, mentoring programs, and community service projects;
- Varied learning opportunities, like summer school, vocational-technical education and new technologies that meet diverse needs;
- Strong school infrastructure through performance standards, regular assessment and professional development of teachers;
- High school completion options for teens involved with the juvenile justice system;
- Supportive services to teen parents such as child care and mentoring;
- Business involvement through partnerships that encourage school attendance;
- Appropriate Individualized Education Plans (IEPs) that include positive behavior plans;
- Programs that facilitate parental involvement in schools.

## Racial Data

Last year, state dropout data included racial and ethnic information. The dropout rate was 6.2% for minority students and 3.8% for white students. Rates improved for both groups. Information at the county level is not available.

**High School Completion for Children with Disabilities, 2000/01**




*Source: Missouri Department of Elementary and Secondary Education*

# Births to Teens, Ages 15 - 19

## Definition

his variable measures the number of births to teen girls ages 15 to 19. The rate is expressed per 1,000 girls of that age.

## Significance

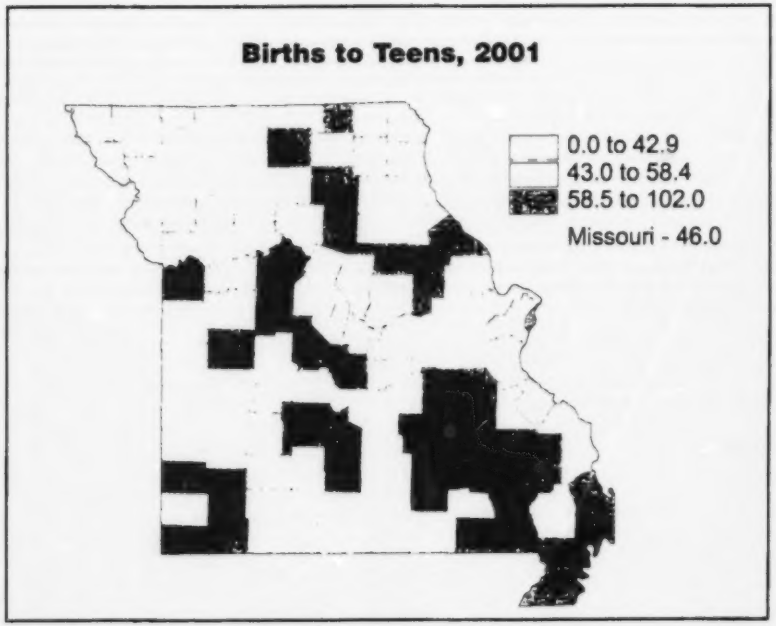
Although the teen birth rate has declined steadily, the United States still has the highest teen pregnancy rate of any industrialized country. The next closest country, the United Kingdom, has a rate that is half of that in the United States.[91]

Giving birth as a teen increases the social, economic and health risks for both the mother and baby. The costs of births to teens, nationally, are estimated at almost $7 billion a year when combining lost tax revenues and increased spending on public assistance, child health care, foster care and the criminal justice system.[92] "Eight to twelve years after birth, a child born to an unmarried, teenage, high school dropout is 10 times as likely to be living in poverty as a child born to a mother with none of these three characteristics."[93]

Families headed by teen mothers are often poor because the mother is the sole parent. Three out of five teen mothers drop out of school.[94] These mothers have little employment history. Lack of education and job experience combine to leave these young mothers dependent on public assistance.

Fathers are rarely able to contribute to the support of the child. It is likely that much of the sexual activity among young girls and older males results from coercion or force.[95] Recent data from the census bureau "show that only 56 percent of males ages 16-19 had any earned income in 2000 and that the average annual income for those who worked was slightly less than $6,300. Given this situation, it is not surprising that only 10 percent of mothers ages 15-17 received any child support payments in 1997."[96]

Teens who are at high risk for becoming teen mothers often live in economically disadvantaged families or communities, have poor school performance and have substance abuse and/or behavioral problems.[97] The children of teen parents are more likely to have health, education and behavior problems.[98]




## Missouri Findings

Missouri's teen birth rate has declined steadily since 1992. In 2001, 9,308 teen girls, age 15-19, gave birth. Girls between the ages of 15 and 17 accounted for 29.9% of all births to girls under age 20 in Missouri, while girls under age 15 accounted for just over 1%.

Better use of contraceptives is one potential factor contributing to the decreasing teen birth rate. According to the 1999 Missouri Youth Risk Behavior Survey, 41.6% of high school students considered themselves sexually active. The percent who reported that they or their partner used a condom during their last sexual intercourse increased from 52% in 1995 to 59.8% in 1999, with an additional 20.5% reporting the use of birth control pills.

## County Findings

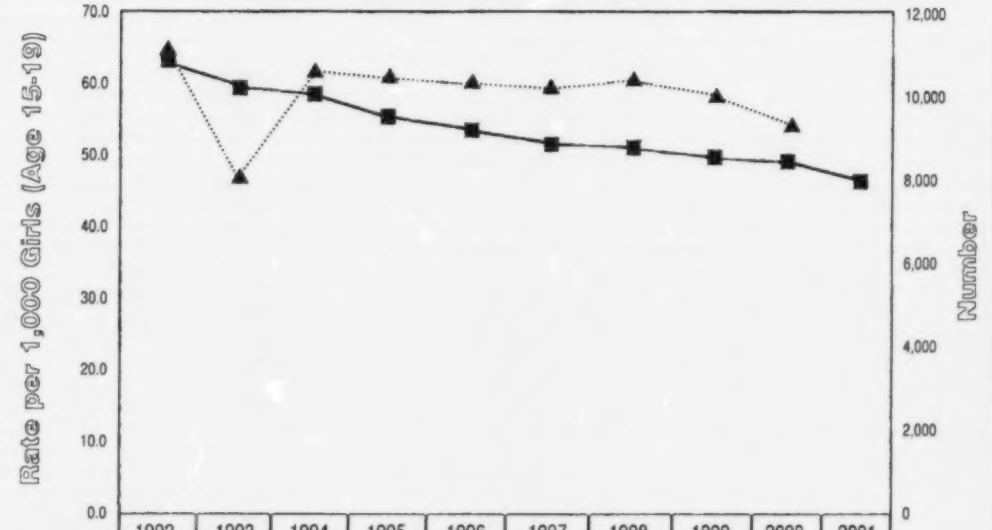
The counties with the lowest teen birth rates were Worth, Nodaway and Adair. High rates (above 90.0 per 1,000 teens) were found in McDonald, Dunklin, Pemiscot and Mississippi Counties. There are some positive trends regarding counties with high birth rates. The counties of Hickory, Pemiscot and Worth made substantial reductions in their teen birth rates between 1997 and 2001. There was only one county with an extremely high birth rates (greater than 100.0 per 1,000) in 2000, compared to nine counties in 1992.

## Sexually Transmitted Diseases and HIV/AIDS

Teens who are sexually active are at risk of developing sexually transmitted diseases such as chlamydia, gonorrhea or syphilis. In 2001, more than 7,362 boys and girls ages 10 to 19 contracted one of these diseases, accounting for 32% of all cases.

The Missouri Department of Health confirmed 18 new cases of HIV infection and 4 new AIDS cases among 13 to 19 year olds in 2001. Between 1985 and 2001, a total of 204 teens have been diagnosed with HIV and 94 with AIDS.[99] A total of 26 children under the age of 15 died from AIDS between 1990 and 1998.[100]

**Births to Teens, 1992 - 2001**




| | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |
|---|---|---|---|---|---|---|---|---|---|---|
| ■ Per 1,000 Girls 15-19 | 63.2 | 59.5 | 58.9 | 55.5 | 53.6 | 51.5 | 51.1 | 49.6 | 49.0 | 46.0 |
| ▲ # of Teen Births | 10,836 | 8,038 | 10,570 | 10,272 | 10,252 | 10,094 | 10,270 | 10,003 | 8,937 | 9,308 |

*Source: Missouri Department of Health*

## Preventive Factors

Ways to reduce teen pregnancy include:

- Strong parental communication with children regarding sexual issues, which can enhance a child's decision-making skills and contribute to delay of initial intercourse;
- Early intervention strategies such as counseling, social skills training, and educational enhancement for adolescents who are at a high risk for early sexual intercourse;
- Collaborative arrangements with parents, schools, and communities to offer sex education, general health and mental health services, and life and family planning workshops;
- Opportunity for school success, including academic, social and leadership development;
- Access to reliable contraceptives;
- Programs that target teen parents to reduce the occurrence of repeat pregnancies;
- Services that promote healthy outcomes for teenage parents, incorporating care after birth and pediatric care;
- Comprehensive support that includes child care and employment training for teen parents wishing to continue in school.

## Racial Data

The teen birth rate for minority girls was 63.5 per 1,000 in 2001, compared to 41.6 for Caucasian girls. While rates for both groups of girls improved between 1997 and 2001, the improvement in the minority rate was greater.

# Violent Deaths of Teens, Ages 15 - 19

## Definition

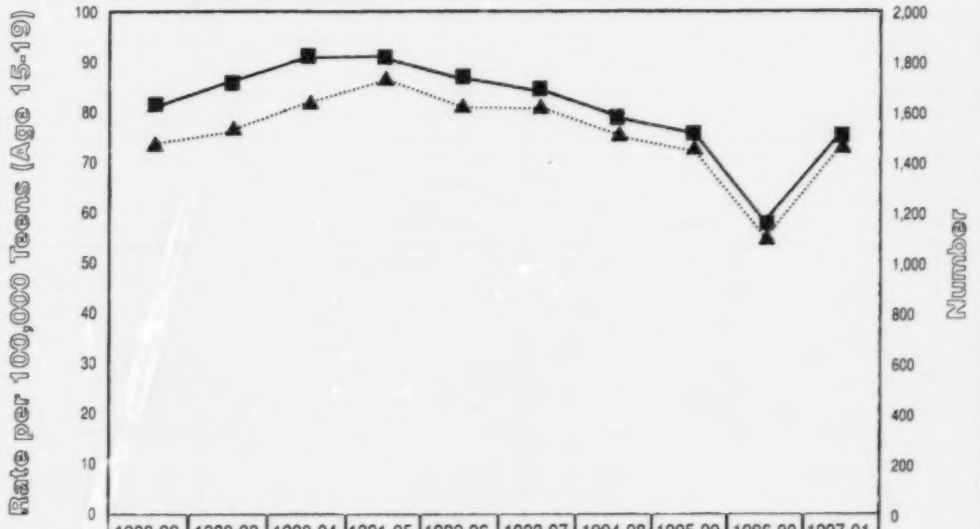
his variable measures the number of teens ages 15 to 19 who died because of motor vehicle crashes, homicides, suicides or unintentional injuries. It is expressed as a rate per 100,000 teens of that age. Data are aggregated, or combined, for five-year periods to arrive at more stable rates.

## Significance

Nationally, 75% of deaths among youth (ages 15 - 19) were caused by accidents, homicides or suicides in 1999. Deaths among this age group are often the result of risk-taking behavior. While media attention continues to focus on the number of youth homicide perpetrators and victims, it is important to note that motor vehicle crashes are still the leading cause of violent death for teens.[101]

"According to the National Center for Injury Prevention and Control, the most significant risk factors among teenage drivers are inexperience, low rates of seatbelt use and alcohol. Inexperienced drivers lack the perception, judgment and decision-making skills that take practice to acquire. Advanced driving skills, such as driving at night and during rush hour traffic, detecting threats and recovering from a skid, take a lot of practice to master. Teens are known for their impulsive risk-taking behavior and perceived invulnerability."[102]

**Violent Deaths of Teens, 1992 - 2001**




| | 1988-92 | 1989-93 | 1990-94 | 1991-95 | 1992-96 | 1993-97 | 1994-98 | 1995-99 | 1996-00 | 1997-01 |
|---|---|---|---|---|---|---|---|---|---|---|
| ■ Per 100,000 Teens 15-19 | 81.3 | 86.7 | 90.8 | 90.4 | 87.3 | 84.9 | 79.8 | 74.6 | 58.6 | 75.9 |
| ▲ # of Teen Deaths | 1,478 | 1,555 | 1,637 | 1,726 | 1,615 | 1,614 | 1,560 | 1,491 | 1,185 | 1,550 |

*Source: Missouri Department of Health*

## Missouri Findings

The five-year aggregate teen violent death rate decreased between 1994 and 2000, but rose this year. In 2001, 365 teens died violently. Of these, 55.6% were motor vehicle crash victims, 22.4% were homicide victims, and 13.7% were suicides.

More detailed information from prior years shows that Missouri teenagers are three to four times more likely to be involved in a crash than other Missouri drivers. Of the total motor vehicle crashes in Missouri 1999, more than 31% involved a young driver (15-20 years of age). Of the total child motor vehicle fatalities in 2000, 49% occurred among teenagers, 15-17 years old.[103]

Use of seatbelts reduces the risk of motor vehicle fatalities. Missouri's 1999 Youth Risk Behavior Survey found 24% of students reporting that they never or rarely wore a seatbelt when riding in a car driven by someone else. Of the teen motor vehicle fatalities in 2000, 52% were unrestrained at the time of the crash.

## Graduated Drivers License

In the 2002 National Kids Count Data Book, Missouri ranked 44th of all states in the number of teens who died violently, based on 1999 teen death data.[104] In 1999, the legislature passed new laws providing for a graduated driver's license that would become effective January 1, 2001. It increases the amount of time teens can practice driving skills by allowing them to apply for a learner's permit at fifteen. With the learner's permit, the teen can only drive with supervision, allowing a full year of supervised driving. When the teen turns sixteen, they may apply for an intermediate license that prohibits unsupervised driving between the hours of 1am and 5am, except under specific circumstances. If the teen has had no alcohol-related enforcement contacts and no traffic convictions for which points are assessed, they may apply for a full driver's license at the age of 18. Other rules apply to teens with more than six points, or whose intermediate diver's license is denied, suspended, cancelled or revoked. This change should reduce the number of teens killed in motor vehicles.

## County Findings

Because of the extremely small number of deaths in most counties, even over a five-year period, this measure is not used to calculate the county rank. Rates should be interpreted with caution.

## Preventive Factors

Ways to reduce teen deaths include:

- Teen education on the potentially tragic consequences associated with operating a vehicle under dangerous or hazardous conditions, including driving while under the influence of alcohol or other drugs and not wearing a seatbelt;
- Posted telephone numbers and available resources that teens can easily access and utilize, including Missouri's ***Kids Under Twenty-One*** (KUTO), a 24-hour peer-led suicide prevention and crisis intervention hotline;
- Better communication from parents, educators, school counselors, and other community leaders, so teens know supportive adults are available;
- Mental health support services, especially for high-risk groups such as homosexual teens;
- Community- or school-based crime prevention programs that address issues such as substance abuse, anger management, gun control, gang violence, and community policing;
- Limit easy access to guns and other weapons in the home;
- Constructive alternative activities to reduce violent and high-risk behavior.

## Racial Data

The teen violent death rate for minority youth for 1997-01 was lower than the rate for Caucasian youth (69.1 per 100,000 vs. 76.2). Rates for minority teen violent deaths have dropped sharply since 1992-96 and rates for Caucasian teens have risen. Minority youth were most likely to be homicide victims, with 71.6% of violent minority deaths attributable to homicide. Motor vehicle accidents accounted for 69.5% of deaths to white teens.

# Special Focus: Public Investments In Children

*"The annual...budget is the single, most powerful expression of the state's priorities."*

*–Michigan's Children, child advocacy group*

When asked, most people agree that children are an important investment. This attitude is reflected in our belief that children benefit from stable families, good health care and a quality education.

While families play indisputably the most critical role in their children's lives, most people also agree that government plays a key role in assuring the success of this most valuable resource. Numerous public opinion polls show that voters strongly favor expenditures to improve education and public policies that help children succeed. Some polls even show willingness among taxpayers to pay higher taxes to ensure these investments.[105]

Government entities, on the other hand, must consider any number of crucial public services. They must support roads, services for other vulnerable populations like the elderly, the disabled or veterans. Since they do not have the financial resources to fully support all of the programs and services, they must set priorities. Some of these priorities are set with the introduction of, debate around and eventual passage (or failure) of legislation. Legislative proposals are often highly visible; invoking action on the part of constituents, interested citizens and other advocates. These public dialogues are often well-covered in the press.

Less visible, but arguably more important, is the role of the government's budgeting process. It is a complex process, unfamiliar to most. Yet, it is during the budgeting process that decisions are made about how to spend the bulk of financial resources.

The annual state budget is often "the single, most powerful expression"[106] of the state's priorities. To assess Missouri's current priorities, it is necessary for the public to have a deeper understanding of both the current state budget and how priorities are set. Our goal is to provide citizens with the information they need to improve outcomes for children by increasing their involvement in setting state priorities through the budget process.

## Sources of Funds

Missouri's annual budget is comprised of income from a variety of sources. These sources support programs and services in unique ways.

Federal funds come into the state in a variety of ways. Some are one-time grants

**Table 1: Federal TANF Funding per Poor Family by State FY2000**

**(Merriman, Urban Institute, May 2002)**

| Funds per Family | States |
|---|---|
| $1,000 to $1,999 | Alabama, Arkansas, Georgia, Idaho, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, Nevada, North Carolina, North Dakota, South Carolina, Tennessee, Texas and Virginia |
| $2,000 to $2,999<br>U.S. Median = $2,296 | Arizona, Colorado, Delaware, Florida, Indiana, Iowa, New Hampshire, New Mexico, Ohio, Oklahoma, Oregon, South Dakota, West Virginia and Wyoming |
| $3,000 to $3,999 | Illinois, Maine, New Jersey, Pennsylvania and Utah |
| $4,000 to $4,999 | California, Hawaii, Massachusetts, Michigan, Minnesota, New York, Vermont and Wisconsin |
| $5,000 and up | Alaska, Connecticut, District of Columbia, Maryland, Rhode Island and Washington |

for specific projects. Others are federal formula funds for on-going programs. While federal formulas are intended to make funding more equitable across states, that does not always mean that states receive equal funding.

For example, Temporary Assistance for Needy Families (TANF) is the federal program that provides cash assistance to low-income families. Federal law provides funds to states based on a formula outlined in the welfare reform legislation of 1996 that included TANF. "Congress based 98% of the federal allocation on the states' historical expenditures under Aid to Families with Dependent Children (AFDC)." Because Missouri's expenditures under AFDC[107] were traditionally low, we receive fewer federal TANF funds than most other states. See Table 1.

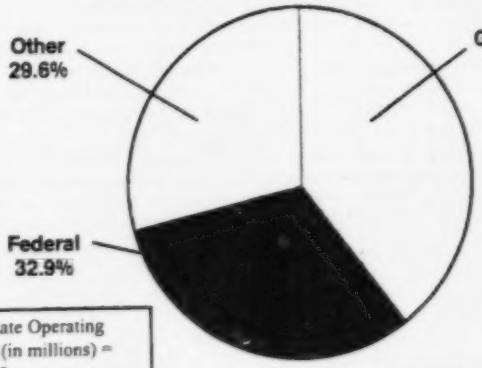
In many cases, the state must provide "matching funds" to be eligible for the federal funds. These matching funds are an expression of the state's commitment to the program. The state's investment must match to a specified level, or the state will see a proportionate reduction in federal support.

Federal funds make up approximately one-third of the state's operating budget. See Chart 2. Almost every state department derives some of its budget from federal sources for specific programs and services. (The only departments that do not receive federal support are Conservation, the Public Defender's office and the General Assembly.)

Federally funded programs include Medicaid, Temporary Assistance for Needy Families (TANF), Child Care and Development Block Grant (CCDBG) and Juvenile Justice and Delinquency Prevention grant programs. These and other federal resources support health care, early care and education, elementary and secondary education, transportation, mental health and juvenile justice services for children. While these funds are to be used for specified purposes, there is usually some latitude in how states can use the funding. For example, a large portion of the Child Care and Development Block Grant funds are used to provide child care subsidies for low-income working parents but each state has its own subsidy program with different eligibility criteria and different administration.

**State funds** are revenues collected by the state for a variety of purposes. There are two major types of state revenues: general revenue and other revenue. "Other" state revenues are those that are earmarked for a specific use. Often they are taxes that have been approved by voters for a particular purpose, like the revenues from

**Chart 2: State Operating Budget Sources of Funds FY 2003**




*Source: Governor's Proposed Budget, FY 2003*

gaming that are earmarked for education or the conservation tax that supports state conservation efforts. These earmarked revenues will also include various funds and trust funds where particular fees or taxes have been designated to support specific services. This would include the Healthy Families Trust Fund set up to distribute revenues derived from the state's tobacco settlement funds.

General revenues are the only source of revenues that are not committed to a specific purpose. In the budget proposed by the Governor for FY 2003, total general revenue funds were expected to come from a variety of sources. See Chart 3.

Many public services also receive support from **local sources**. Municipalities impose additional sales taxes that are used to support local services like fire and police, as well as other programs. Property taxes provide a significant portion of income for local school districts. Local projects may also be financed by specific bond issues, usually for long-term capital projects.

Federal, state and local funds are all potential resources for investing in children. However, there are many other constituencies needing resources. Even the combination of federal, state and local funding is not enough to support all the things everyone would like to do. This means that groups must compete for a share of these finite resources.

## State Budget Process

Distribution of all of these funds is the purpose of the **state budgeting process**. The Governor, state departments, the Office of Administration (OA) and the legislature are all involved. Political choices are made and priorities are set at each level.

Missouri's budget year begins on July 1st and ends on June 30th of the following year. Each budget is referred to by the year in which it ends. Thus, the budget that began on June 1, 2002 is referred to as the **fiscal year** 2003 (FY03) state budget. The Federal fiscal year begins on October 1 and ends on September 30, so any state fiscal year falls across two federal fiscal years.

Work on Missouri's FY2004 budget begins with **revenue projections** that are updated regularly. During the summer, OA assesses the most current revenue projections, then sends out general instruction on budget preparation to the directors of all state departments.

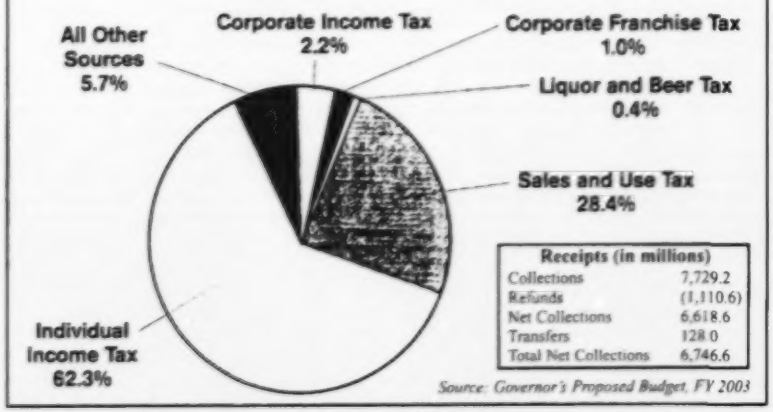
**Departmental budgets** begin with division, agency or bureau staff making recommendations about continuing funding for current programs. They also make recommendations about expanding programs or starting new ones. These new expenditures are known as **decision items**.

Staff-level recommendations are submitted to department directors who must create a composite budget for the entire department. At each stage, departmental staff weigh needs and set priorities. Decision items are ranked in order of importance. A final departmental budget is sent to OA in the fall.

Departmental submissions are reviewed by OA and compared with revisions in revenue projections. OA then works with the Governor's office to prepare a recommended state budget. Like the departments, they engage in a process of weighing need and setting priorities when making their budget decisions. The Governor finalizes the budget and presents it to the legislature in early January. See Table 2.

The part of state budgeting that is accomplished by the legislature is known as the **appropriations** process. This process begins in the House of Representatives at the beginning of each legislative session.

### Chart 3: General Revenue Receipts and Transfers FY 2003




*Source: Governor's Proposed Budget, FY 2003*

### Table 2: Expenditures Governor's Proposed Budget FY 2003
**(The Missouri Budget, Governor's Office 2002)**

| Department | Distribution of General Revenue Funds | Distribution of Funds from All Sources (General Revenue, Federal and Other) |
|---|---|---|
| Total Estimated Funds (in millions) | 7,822.1 | 19,045.5 |
| Elementary and Secondary Education | 36.8% | 26.4% |
| Human Services | 25.2% | 37.2% |
| Higher Education | 13.1% | 6.1% |
| Corrections and Public Safety | 8.5% | 5.3% |
| Elected Officials | 3.8% | 1.3% |
| Conservation | 0.0% | 2.6% |
| Budget Reserve | 0.0% | 0.8% |
| All Other | 12.7% | 20.4% |
| **TOTAL FROM FUND SOURCE** | **100.0%** | **100.0%** |

The Governor's budget is broken down into several appropriations bills and sent to assigned House appropriations committees. Those committees hold hearings to approve, reject or amend the appropriations bills submitted by the Governor. Hearings typically include staff from state departments and budgeting staff as well as public testimony. Any changes that occur are known as **mark up**. This process usually consumes the first two to two and one-half months of the legislative session.

Once bills are approved by the committees, they go to the House Budget Committee and then to full House chamber. Additional changes can occur in the Budget Committee and in the House Chamber. Bills passed by the House move on to the appropriate Senate appropriations committee, where the process of review and adjustment begins again. Just as in the House, bills approved by the committee move on to the full Senate for passage. Discrepancies between the agreed upon versions of the House and Senate bills go to a conference committee just as in the regular legislative process.

Under the Missouri Constitution, the final state budget must be passed by the Friday a week before the end of the session in May. The Governor is allowed to veto line items in any appropriations bill, or may veto entire bills. A two-thirds vote of the legislature is required to override a veto.

If revenue projections prove inadequate, the Governor also has the authority to reduce expenditures below previously appropriated levels within a fiscal year. These are known as **withholdings**.

## Behind The Current Budget Crisis

Even in the best of times, competition for limited funds is fierce. Over the last two years, Missouri's flagging economy and various tax cuts created new challenges for those trying to secure an adequate investment in Missouri's children. The Governor ordered withholdings three times from the state's FY 2002 budget. These withholdings totaled $536 million, approximately 7% of the general revenue portion of the state budget for FY 2002. Most FY 2002 withholdings became reductions in the core FY2003 budget. Even with these reductions, withholdings against that budget are also likely. As of October, 2002, estimated revenue for FY 2003 is $460 million less than the FY 2003 budget.

Missouri is not alone in this budget crisis. In 2002, most states experienced dramatic shortfalls in their state budgets. Much of this shortfall was due to economic circumstances that affected the entire nation. These circumstances include an economic slowdown, made worse by the terrorist attacks of September 11, 2001.

### Standing House Appropriations Committee

Corrections and Public Safety
Education
General Administration
Health and Mental Health
Natural and Economic Resources
Social Services
Social Services and Corrections Sub-Committee
Transportation

Many states were also adversely affected by certain decisions at the federal level. A number of states, including Missouri, link their state income taxes to federal income taxes. Thus, any change in federal taxes also affects state taxes. The federal tax credits and changes in estate taxes, depreciation schedules that result in a reduction of a person's federal tax liability, translate into reductions in that person's state tax liabilities. These federal actions caused unexpected revenue shortfalls in many states.

However, there are several other issues that are specific to Missouri that severely limit our ability to weather these cyclical crises without having a negative impact on families and children.

One fundamental issue is the state's historic emphasis on **keeping taxes low**. See Chart 4. According to a variety of sources, Missouri is one of the lowest tax states, ranking between 42nd and 49th on several measures. See Table 3. Our emphasis on low rates of taxation extends both to individuals and corporations. The obvious corollary to low taxation is low expenditures, where Missouri ranks even lower than most other states.

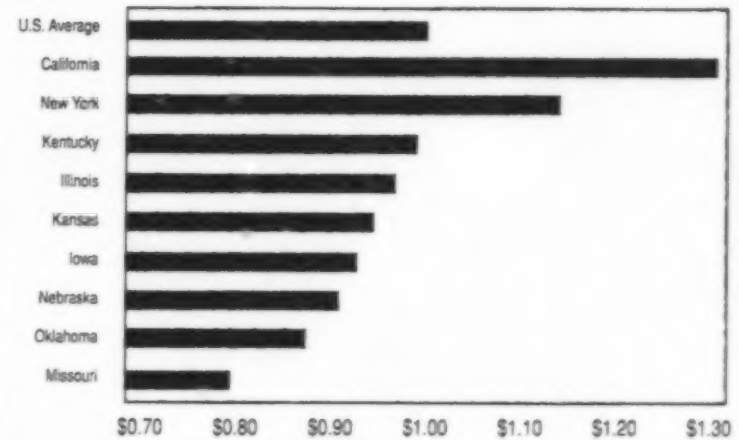
Low taxation and low expenditures, coupled with a constitutional provision for a **balanced budget**, also lead Missouri to be ranked as one of the top managed states in the country. *Governing Magazine* also ranks Missouri as having one of the five best Managing for Results efforts in the nation. Managing for Results efforts encourage

better agency performance and increased accountability.

In spite of this recognition from external, independent sources, many groups and individuals in the state believe that they are overtaxed. Many families feel they cannot afford additional taxes. Some also fear that additional taxation would further depress the economy. There is also a pervasive perception that the government wastes tax money, or that some services are unnecessary or not appropriately served by government.[108] Somewhat paradoxically, people will often express concern that their own interests are under-served. This seeming paradox may be related to a sense that the government's priorities do not reflect their own; a **public perception** that is likely perpetuated by the complicated set of funding sources and budgeting processes that were outlined earlier.

In Missouri, public perception is also colored by **residual mistrust** over the voter's decision to allow gambling in Missouri. Voters approved a state lottery as well as riverboat gaming with the understanding that funds from those two sources would go toward education. The public believed that revenues from

**Chart 4: State Averages of Tax Revenue Per Capita**




*Source: Governor's Proposed Budget and Legislative Agenda, FY 2003*

**Table 3: Recent Rankings on Missouri Revenues and Expenditures (as compared with all 50 states)**

| Indicator | Source | Date Issued | Rank |
|---|---|---|---|
| ***State Revenues*** | | | |
| State Government Own Source Revenue (per capita) | Morgan Quitno | 2001 | 42 |
| General Revenue - State and Local(% of personal income) | Governing Magazine | 2001 | 46 |
| General Revenue - State and Local (per capita) | Governing Magazine | 2001 | 45 |
| Total Revenue - State and Local (% of personal income) | Governing Magazine | 2001 | 47 |
| Total Revenue - State and Local(per capita) | Governing Magazine | 2001 | 48 |
| State Revenues (per capita) | U. S. Census Bureau | 2001 | 39 |
| Corporate Income Tax (per capita) | U. S. Census Bureau | 2001 | 44 |
| TOTAL TAXES (PER CAPITA) | U. S. Census Bureau | 2001 | 44 |
| ***State Expenditures*** | | | |
| State Government Expenditures (per capita) | Morgan Quitno | 2001 | 47 |
| General Spending - State and Local(% of personal income) | Governing Magazine | 2001 | 46 |
| General Spending - State and Local (per capita) | Governing Magazine | 2001 | 48 |
| Total Spending - State and Local (% of personal income) | Governing Magazine | 2001 | 47 |
| Total Spending - State and Local (per capita) | Governing Magazine | 2001 | 49 |
| State Expenditures (per capita) | U. S. Census Bureau | 2001 | 44 |

*Source: Governor's Proposed Budget and Legislative Agenda, FY 2003*

gaming would bring additional resources to public education in the state. In fact, the revenues were used to fund education but they also simply replaced general revenue that had supported public education. (Replacing one source with another is known as **supplantation**.) While there may have been a small net increase in overall education funding, it was certainly not an increase of the magnitude voters expected. Focus groups conducted by Ethel Klein in 1999 showed that voters were still angry and mistrustful of a legislature that supplanted one source of money with another.[109]

Any efforts to increase revenues are stymied by a constitutional amendment, known as the **Hancock amendment**. Passed in 1980, this amendment limits the amount of revenue the state can collect via a series of complex formulas. This revenue cap contributes to limiting our ability to improve services, even in good economic times.

When state revenues exceeds the formula, the state issues refunds to taxpayers. These refunds have been issued several times since the mid-1990s. Refunds to individual taxpayers are relatively small, but the aggregate effect is an enormous drain on state funds.

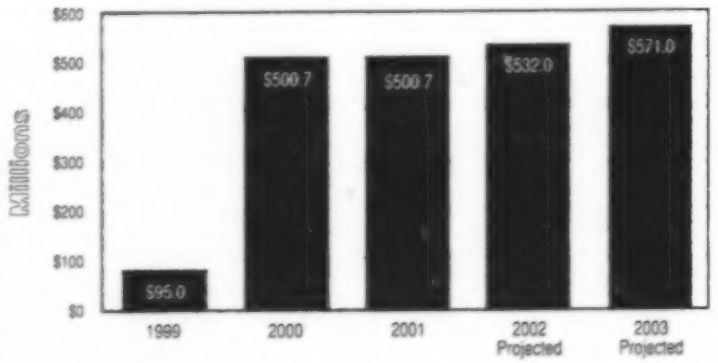
In the years since the passage of the Hancock amendment, **tax credits** gained increasing popularity in the legislature as a way of financing various programs and as a way to limit revenue growth so that refunds to tax payers weren't required. Because tax credits are uncollected revenue, they also reduce the amount of funding available for other programs. See Chart 5.

All of these factors exacerbate Missouri's budget woes. There is no evidence that the situation will improve for the next several years.

## Impact On Children And Families

There are two ways that state government can invest in Missouri's children. The most obvious way is by allocating resources to programs and services that serve children and the families who support them. Because we keep taxes low, we necessarily limit the services that we can provide. With the exception of public education for all children in kindergarten through high school (K-12) and a few other programs, we limit most state services to only the most vulnerable children. Programs that assist these children and their families include: the TANF program, child health insurance, educational services for children with special needs, assistance with child care for working families and services for abused and neglected children.

**Chart 5: Tax Credit Growth**




*Source: Missouri Department of Economic Development*

Table 4 outlines the potential impact of major budget actions that occurred in FY 2003. It is important to note that most of these programs currently serve only a small percentage of the children eligible. For example, child care subsidies serve approximately 12% of the children who are eligible under federal income guidelines. While many of those children may rely on relatives, or other unpaid care, at least 50% of eligible children will need to use paid child care of some type. Our subsidy system already cuts off income eligibility at 47% of the federal limit. This means that a large number of low-income, working families are not even eligible for assistance. In other cases, various agencies report that workers have turned down raises at work to be able to keep their child care assistance. Further reductions in our support of this crucial service, may result in a loss of jobs for parents who can't find affordable, reliable care for their children.

Overall, children did fare better than many constituencies in the FY 2003 budget. Most services were maintained, with few children actually losing services. However, that position is tenuous; should any withholdings occur for the FY 2003 budget, children are likely to lose. Though the long term impact has yet to be full realized, the effects of the current contraction are becoming obvious. Withholding actions usually target administrative budgets instead of actual program budgets, but these reductions in administrative support eventually "trickle

## Table 4: KIDS COUNT SPECIAL FOCUS

### *Adolescent Success*

| Service | FY 2003 Budget | Increase (Decrease) From FY 2002 | Scope of Current Services | FY 2003 Impact | Cummulative Impact | Recommendations |
|---|---|---|---|---|---|---|
| Caring Communities and Community Initiatives | $ 18.3 mil | $ (7.4 mil) | The line items were combined for Caring Communities, Community Partnerships, Missouri Mentoring Partnerships and other Community Initiatives. | The Family and Community Trust organization, which provided central administration to the Community Partnerships, could not be supported. The responsibility for programs now falls to DSS. Local partnerships reduced staffing and cut some services to communities. | Over time, long-term plans of Community Partnerships will be harder to accomplish. Elimination of a central body will make it harder for the partnerships to sustain themselves. | Ensure that all successful Community Partnerships have the funding and support to continue working. |
| The Extended Day Child Care Grant Program | $ 0.0 | $ (0.3 mil) | Provided start up and expansion grants to afterschool programs. | The elimination of the program means that no new grants will be issued to approximately 30 school age care/ afterschool programs. | Many working families will have a harder time finding positive afterschool programs for their children. | Reinstate the $350,000 into the FY 2004 budget so that programs may get off the ground again. |

### *Child Health*

| Service | FY 2003 Budget | Increase (Decrease) From FY 2002 | Scope of Current Services | FY 2003 Impact | Cummulative Impact | Recommendations |
|---|---|---|---|---|---|---|
| Mental health services for children and youth with severe emotional disturbances. | $ 24.8 mil<br>$ 22.2 mil general<br>$ 2.4 mil federal<br>$ .1 mil other | $ (6.6 mil) | In-Home and Community-based mental health services. | Reductions mean fewer services for children with serious mental health issues. May include fewer services for kids who receive mental health services in out-of-home placements, such as hospitals and residential facilities. | More children likely to be incarcerated or parents forced to relinquish custody. | Increase support and resources to develop a statewide system of care that will make delivery of services more efficient. |
| MC+ for Kids Children's Health Insurance Program (SCHIP) | $102.0 mil | $ (4.0 mil) | Full coverage and benefits in Medicaid program. State receives 72% federal match for services. | This successful program was preserved to allow eligibility at 300% of the federal poverty level. Also now provides for presumptive eligibility which makes it easier for eligible children to apply for and access Medicaid/MC+ services. | Depends on amount of premiums state receives, and lowered expectation of applicants. Congressional funding also "dipped" to low level. | Maintain funding and adequately implement presumptive eligibility. |

## Table 4: KIDS COUNT SPECIAL FOCUS *(continued)*

### *Child Safety*

| Service | FY 2003 Budget | Increase (Decrease) From FY 2002 | Scope of Current Services | FY 2003 Impact | Cummulative Impact | Recommendations |
|---|---|---|---|---|---|---|
| Foster Care | $ 38.4 mil | $ (1.4 mil) | Includes tutoring, special therapies not covered by Medicaid, mentoring, summer/day camps over the counter medications and extraordinary expenses such as home handicap access ramp, and therapeutic equipment not covered by Medicaid. It also covers less critical incidental expenditures such as a yearbook, computer or various lessons. | Makes it more difficult to achieve permanency. Makes it less likely that foster families will be willing to accept children with special needs.<br><br>Because the number of children in foster care continues to grow, the flat budget line item requires cuts in services. To avoid these cuts, the larger private agencies that provide foster care case management services offered to serve every 5th child at no cost to the state. | May make it less likely that families will be willing to be foster parents. The reimbursement to foster parents is not sufficient to cover these "extra" expenses. In fact, foster families already subsidize the state for the routine care of the children placed in their home.<br><br>The financial drain on private agencies to further subsidize services to children weakens the infrastructure of available services. | Broaden the range of services and equipment covered by Medicaid. Allow flexibility of funding at levels that will assure that children can remain in foster families whenever possible. |
| Adoption Subsidies | $ 46.4 mil | $ (1.4 mil) | Includes the special foster care services described above. | Makes it less likely that families are willing to adopt children with special needs. | Makes it less likely that families will be willing to adopt. Fewer children will achieve permanency in family settings. | Broaden the range of services and equipment covered by Medicaid. Allow flexibility of funding at levels that will assure that children can be placed and remain in adoptive families whenever possible. |
| Children's Treatment Services | $ 13.8 mil | $ 0.0 | Covers a range of services that includes in-home therapy for families at risk of (further) abuse or neglect, day treatment, mentoring and others | Although there was not a FY 03 reduction, other budget realities are affecting the availability of services. In some years, a supplemental budget request was made for this line item, or money was shifted from an administrative line item. Administrative portions of the budget have been so severely cut that there is not a pool of flexible money to supplement this line item. | Many of the services funded by this line item in the budget were preventive in nature. Over time, it is likely that the state will pay increased costs for foster care, special education, juvenile justice and/or incarceration. | Restore a commitment of general revenue to these services. Ensure that Medicaid pays for all allowable therapy. |

## Table 4: KIDS COUNT SPECIAL FOCUS *(continued)*

*School Readiness*

| Service | FY 2003 Budget | Increase (Decrease) From FY 2002 | Scope of Current Services | FY 2003 Impact | Cummulative Impact | Recommendations |
|---|---|---|---|---|---|---|
| Child care subsidies | $165.1 mil<br>$104.2 mil federal<br>$ 45.9 mil general<br>$ 14.2 mil Early Childhood Dev. Ed. And Care (ECDEC) | No net change, but $13.5 mil of general revenue was supplanted with ECDEC money. | Currently serves 12% of children eligible under federal guidelines.<br><br>Eligibility cut-off is 47% of federal limit.<br><br>Families often forced to turn down raises at work to retain their child care subsidy. | Lack of overall increase means more families will have difficulty finding and keeping employment as fewer families qualify for help with child care. Missouri already has the second to lowest income eligibility in the nation. Potential to result in waiting list for child care subsidy. | Use of ECDEC funds for subsidy means fewer resources for improving the quality of care as intended in original ECDEC legislation. This includes potential reductions in Early Head Start, Missouri Preschool Project and level of reimbursement paid to providers. These reductions mean fewer children ready-to-succeed when they enter school. | Restore state's general revenue commitment to child care subsidy system for low income working parents.<br><br>Increase income eligibility level. |
| Parents As Teachers | $ 30.3 mil<br>All general revenue | $ (6.1 mil) tobacco settlement | Any public school district can participate, most do.<br>Available to any parent with children 0-5 years of age.<br>Families at higher risk may receive more frequent visits. | Withdrawal of tobacco settlement funding means services will stay at the current level. | Lack of expansion will maintain the status quo and do nothing to expand outreach to those at-risk families most in need of services. | Restore state's commitment to using some portion of tobacco settlement funds.<br><br>Target specific portion of appropriation to reaching at-risk families. |
| DHSS quality initiatives | $ .7 mil<br>$ .7 ECDEC | $ .5 mil tobacco | Quality initiatives include contracts with the state resource and referral network, as well as training for child care providers. | Likely to put further strain on core services provided to families and businesses through the state's resource and referral network. May also undermine recent training improvements like Heads Up Reading and Child Care Orientation Training (CCOT) training for new providers. | Continued lack of support will eventually erode the quality of service to families and businesses using resource and referral. May also mean that children do not receive good care because their caregivers have less access to training. | Restore state's commitment to using some portion of tobacco settlement funds for quality early care. |

down" to program participants. The administrative budget at the Division of Family Services includes training for children's service workers, contract services and supplementary expenses. The budget base (core budget) for children's service programs has dropped over the last five years as federal and state appropriations shrank. New funding requests for caseload growth in Foster Care, Adoption Subsidies and Residential treatment have not been fully funded. One example of a proposed cost-cutting solution was to transfer the management of some foster care cases away from contracted providers and back to Division of Family Services (DFS) personnel. This means we will be giving more cases to workers who are already dealing with high caseloads or insufficient training. Those factors will surely translate into the type of assistance children receive. And, the next budget year will likely bring further similar reductions.

The tax structure provides another way to invest in families. Currently, Missouri begins taxing families when their incomes reach 79% of the federal poverty line. While this is an improvement from the 1991 threshold of 64%, it still means that a two-parent family of four begins paying taxes when their income reaches $14,300. Missouri had the 11th lowest income tax threshold in the nation in 2001. The amount of tax we charge these low-income working families is also high relative to other states. A family of four with an income of $18,104, or 100% of the federal poverty line would pay $89 in income tax. The same family with an income at 125% of the federal poverty line would pay $285. These are the 14th highest and 17th highest taxes among the 42 states with income taxes.[110]

## Policy Recommendations

Nobody likes higher taxes. But, it is important to understand that we limit services to children by keeping taxes low. In the current situation, we need to consider generating more state revenue. For too long we have forced deserving groups to compete over scarce resources: fighting over the crumbs and not looking at the whole pie.

Some groups have proposed raising state revenues by increasing cigarette and/or alcohol taxes. Others suggest a revision or repeal of the Hancock amendment that limits state revenue. Whatever the source, we will need to have some serious study of the potential impact of and uses for such increased revenues. Results of these studies could be used to generate public will in support of specific proposals.

Missouri should also consider raising its tax threshold and reducing its tax rate among low-income working families. While this would reduce state revenue it would be unlikely to have a significant impact on state resources but would be very meaningful to the individual families.

Further, Missouri should consider enacting an earned income tax credit for low-income working families. The federal earned income tax credit (EITC) increases the after-tax income of working poor families by an average of $1,500. It has lifted 2.5 million children out of poverty and has provided an incentive for single parents to enter the workforce. Fifteen states (and the District of Columbia) currently offer a state earned income tax credits that provides similar relief from state and local taxes.[111]

Regardless of whether we decide to raise revenues, we need to develop some consensus about what our priorities are as Missourians. If we choose to maintain our low tax status, then we need to be willing to sacrifice some services. It is only human nature to want to keep whatever services we use and propose cutting those used by someone else but we must work against that impulse. Instead, we need to develop a clear picture of the relative importance of various programs. An example of the need to determine relative importance is clear in our licensing regulations. A manicurist must complete 400 hours of training to apply for a state cosmetology license while an individual can care for children without a license and without any specific training. This is not to suggest that we should lower standards for manicurists but to raise the question of whether our public policies should suggest that competency in child development is less important than competency in cosmetology?

As individuals and as groups, we need to communicate our priorities to those who are involved in priority setting. You have a number of opportunities to improve outcomes for Missouri's children by advocating for greater investment(s) in children.

## What You Can Do

Concerned citizens and advocates can have an impact on the budget and program decisions that are made within each department. Departments encourage public input in a variety of ways. There may be advisory committees to inform program

development. There are also public hearings to assess public perceptions and concerns on a variety of issues. Involvement with these types of activities may help you form relationships with key departmental personnel that will allow you to voice your support for or concern about specific budget proposals.

Citizens and advocates can provide input to the Office of Administration (OA) or to the Governor's office. Like departmental budgeting decisions, decisions made by OA and by the Governor's office are internal. However, concerns should be expressed to the Governor or to the appropriate members of the Governor's staff.

Appropriations committees are one of the most accessible points for citizen input. The obvious way is to testify at an appropriations committee hearing. Or, submit testimony in writing. You may also contact members of that committee. This tactic is particularly effective if a committee member is your representative. It is also important to simply attend appropriations hearings that cover a topic of particular concern. Committee members can be swayed by a large public turnout.

You should help your **local legislators** understand the issues. Legislators receive a lot of information from a diverse group of constituents. Help them understand why supporting children and families is important to Missouri. Talk to them about the kinds of state programs that operate in your district. Tell them about positive efforts in your community. Write a letter, make a call, invite them to tour your facility.

You can also play a part by helping **build public will** for change in your community. If more people understand what these services are and why they are so valuable for families, they may be more willing to make them a higher priority or even support higher taxes. You can do this by speaking to groups or to the media about the impact the budget crisis is having for children and families.

To make these difficult choices, both policy makers and the general public must have the best possible information about community needs and available state resources. We must also make a commitment to using that information to communicate local priorities to state level policy makers. It is the only way that the appropriation of our state resources will come close to matching what the public thinks is important.

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Dept. of Social Services
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Jefferson City, MO
65102-1527
573.751.4815

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# Appendix 1: Data Notes and Sources

## Outcome Measures

1. **Students enrolled in free/reduced lunch** – number of students who are enrolled in free or reduced-price National School Lunch Program. Children from households with incomes less than 130% of poverty are eligible for free lunches; those from households below 185% of poverty are eligible for reduced-price lunches. Rate is expressed as percent of total school enrollment. Source: Missouri Department of Elementary and Secondary Education; Missouri Office of Administration, Division of Budget and Planning.
2. **Births to mothers without high school diploma** – number of live births that occur to women who have less than 12 years of education as indicated on the birth certificates. Rate is expressed as a percent of all live births. Source: Missouri Department of Health.
3. **Low birthweight infants** – number of live infants recorded as having a birthweight under 2,500 grams (5.5 pounds). Rate is expressed as percent of total live births. Data were aggregated over five year periods in order to provide more stable rates. Source: Missouri Department of Health.
4. **Infant mortality** – number of deaths to infants under one year of age. Rate is expressed per 1,000 live births. Data were aggregated over five year periods in order to provide more stable rates. Source: Missouri Department of Health.
5. **Child deaths, ages 1-14** – number of deaths from all causes of children ages 1 to 14. Rate is expressed per 100,000 children of that age group. Data were aggregated over five year periods in order to provide more stable rates. Source: Missouri Department of Health; USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.
6. **Child Abuse and Neglect** – number of child abuse victims from reports classified as "probable cause," indicating that child abuse or neglect has occurred and from children receiving family assessments. Rate is expressed per 1,000 children. Source: Missouri Department of Social Services; USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.
7. **Out-of-home placement entries** – number of entries into Division of Family Services alternative care, including foster care, group homes, relative care and residential settings. Rate is expressed per 1,000 children. Source: Missouri Department of Social Services; USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.
8. **Annual high school dropouts** – number of students enrolled in public schools who left school during the school year without graduating. Rate is expressed as percent of enrolled students. The formula used to calculate the rate accounts for transfers in and out of a district. Years indicated are school years; for example, 1998 indicates the 1997-98 school year. Source: Missouri Department of Elementary and Secondary Education.
9. **Births to teens, ages 15-19** – number of live births that occur to girls ages 15 to 19. Rate is expressed per 1,000 girls of that age group. Source: Missouri Department of Health; Missouri Office of Administration, Division of Budget and Planning.
10. **Violent deaths, ages 15-19** – number of deaths from homicides, suicides, motor vehicle crashes and other accidents to teens ages 15 to 19. Rate is expressed per 100,000 teens of that age group. Data were aggregated over five year periods in order to provide more stable rates. Source: Missouri Department of Health; USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.

## Demographic Data

1. **Child population** – total resident population under age 18, including dependents of the Armed Forces personnel stationed in the area. Source: USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.
2. **Children as percent of total population** – percentage of total population that is under age 18. Source: USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.
3. **Minority children** – percentage of children under age 18 who are identified as non-white. Source: USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.
4. **Children with limited English proficiency** - number of children reported by school districts as having limited English language skills. In 1998 only 314 of 525 districts reported English proficiency data. Source: Missouri Department of Elementary and Secondary Education.

## Economic Data

1. **Children in poverty** – percentage of related children under age 18 who live in families with incomes below the U.S. poverty threshold, as defined by the Bureau of the Census. The 2002 poverty threshold was $18,100 for a family of four. Source: USDC, Bureau of the Census.
2. **Children in single parent families** – percentage of related children under age 18 who live in families headed by a person without a spouse present in the home. Source: USDC, Bureau of the Census.
4. **Average annual wage/salary** – average annual wage/salary per job. County data indicate annual wage/salary for all jobs located in that county. Employees may reside and work in different counties. Source: USDC, Bureau of Economic Analysis.
5. **Adult unemployment** – percentage of the civilian labor force that is unemployed and actively looking for work. Source: Missouri Department of Labor and Industrial Relations, Division of Employment Security.

6. **High school graduation rate** - number of students who graduated from high school in four years, expressed as percent total students who were in the same 9th grade cohort. Years indicated are school years. For example, 1999 indicates the 1998-99 school year. Source: Missouri Department of Elementary and Secondary Education.

## Family Supports Data

1. **Parents paying child support in state system** – percentage of all cases served through Department of Social Services, Division of Child Support Enforcement that receive partial or full payment of their child support order. Source: Missouri Department of Social Services.
2. **Children receiving subsidized child care** - total number of children participating in one of the following subsidized child care programs; FUTURES, transitional, income-maintenance/income-eligible, at-risk and child care and development block grant.. Source Missouri Department of Social Services.
3. **Licensed child care capacity** - number of spaces in licensed family child care homes, group child care homes and child care centers. Source: Missouri Department of Health.
4. **Accredited child care facilities** - number of child care centers accredited by either Missouri Voluntary Accreditation or by the National Association for the Education of Young Children (NAEYC). Source: Missouri Voluntary Accreditation and National Association for the Education of Young Children.
5. **Children receiving cash assistance** - average monthly percentage of population under age 18 that lives in households receiving public assistance under the Aid to Families with Dependent Children (AFDC) or Temporary Assistance for Needy Families (TANF). Source: Missouri Department of Social Services; USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.
6. **Children receiving food stamps** - percentage of population under 18 that lives in household receiving food stamp benefits. Source: Missouri Department of Social Services; USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.

## Health/Mental Health Data

1. **Children enrolled in MC+/Medicaid** – average monthly percentage of children under 18 who have applied for and have been certified eligible for participation in the Medicaid program, either through MC+ managed care or through traditional fee-for-service providers. Source: Missouri Department of Social Services; USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.
2. **Public clinic immunization rate** - percent of two-year olds served in Missouri's public clinics who received 4 diptheria-tetanus-pertussis (DTP), 3 oral polio virus (OPV) and 1 measles-mumps-rubella (MMR) vaccines and were therefore considered properly immunized. Source: Missouri Department of Health.
3. **Children with elevated blood lead levels**- Number of children whose blood contained 10 or more micrograms of lead per deciliter. Rate is expressed as percent of children who were screened. Source; Missouri Department of Health.
4. **Children receiving public SED mental health services** -

Source; Missouri Department of Mental Health; Missouri Department of Social Services.

5. **Juvenile law violation referral rate** - number of referrals to one of the 45 juvenile courts in Missouri for acts that would be violations of the Missouri Criminal Code if committed by an adult. The numbers represent separately disposed court referrals, not individual children. Rate is expressed per 1,000 youths ages 10 through 17. Source: Missouri Department of Social Services; Missouri Office of Administration.

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